



# State of New Jersey Office of the Secretary of State

## WILL REGISTRY-FORM WR 1

Name of Person Making Will: \_\_\_\_\_

Address of Person Making Will: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth of Person Making Will: \_\_\_\_\_

(optional)

Place of Birth of Person Making Will: \_\_\_\_\_

(optional)

Date Will was Made: \_\_\_\_\_

Names and Addresses of Executors and Fiduciaries: \_\_\_\_\_

(optional)

\_\_\_\_\_

\_\_\_\_\_

Location of Will at Time of Registration: \_\_\_\_\_

\_\_\_\_\_

Submit a completed Will Registry Form and a **\$10.00** check or money order payable to **“The State of New Jersey”** to:

The Office of the Secretary of State  
PO Box 300  
Trenton, NJ 08625-0300

**Do Not Enclose Copy of Will**

Signature: \_\_\_\_\_

**For Attorney or Representative**

I, \_\_\_\_\_, file this Will Registry

on behalf of, \_\_\_\_\_.