



Register of Wills

DOCUMENT REQUEST FORM

Dear Clerk,

This is a request for documents on file with your office. I have enclosed a check to cover the fee of **\$1 per page**, a self-addressed and appropriately stamped envelope for the number of pages I have requested or additional funds for the postage and handling fee to have the document(s) mailed back to me.

Requester's Name: _____

Phone Number: _____

Address: _____

Name of the Decedent: _____

Date Of Passing: _____

Case Number: _____

- ☐ Will (including any Codicils) ☐ Inventory of Assets ☐ Accounting
☐ Claims Filed Against Estate ☐ Full Copy of Estate and Recorded Documents

Other: _____

Please make all checks payable to "Sussex County Register of Wills" and include a self-addressed and stamped envelope.

The staff does not have the ability to take credit card information by phone.