

Plaintiff's Name: _____

Address: _____

Telephone No.: _____

IN THE MATTER OF

An Alleged Incapacitated Person

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION-PROBATE PART
CUMBERLAND COUNTY

CIVIL ACTION

DOCKET NO.:

CERTIFICATION OF _____

I, _____, OF FULL AGE, HEREBY CERTIFIES AS FOLLOWS:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

DATE: _____