



**ERIE COUNTY SURROGATE'S COURT
DROP OFF FORM**

IS THIS AN E-FILED MATTER? **YES** **NO** **N/A**

FILE NUMBER (if any) _____

WARD'S NAME(S): _____

NAME:
(of person dropping off documents) _____

TEL. NO.: _____

EMAIL ADDRESS: _____

DATE OF FILING: _____

ATTORNEY (if any) _____

ITEM(S):

| FOR OFFICIAL USE ONLY | | | | |
|------------------------------|---------------------------|-----|----|-----|
| RECEIVED BY: | Document(s) check: | | | |
| | Email address? | YES | NO | N/A |
| | Notarized? | YES | NO | N/A |
| DATE STAMP: | Fee? ** | YES | NO | N/A |