State of Minnesota District Court

County of:

Judicial District: Court File Number: Case Type:

Petitioner / Plaintiff (first, middle, last)

# and / vs.

**Affidavit of Service**

Respondent / Defendant (first, middle, last)

I, , state that I am at least 18 years of age

(Name of person who hand delivered or mailed documents)

having been born on and that on , I served the following documents, namely

(Title of Documents hand delivered or mailed)

upon (check one) Petitioner/Plaintiff Respondent/Defendant Service was done as follows: (check all that apply)

Personal service: By handing a true and correct copy of the documents to

Mail service: By mailing a true and correct copy of the documents by first class mail to (name)

 at his/her last known address at

(Street address) (City) (State) (Zip Code)

and depositing the envelope, with sufficient postage, in the U.S. Mail at a postal box located in the City of , State of Zip Code .

# I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated:

# Signature

Name:

# County and State where signed

Address: City/State/Zip: Telephone:

# E-mail address: