

State of Minnesota

District Court

County

Judicial District: _____
Court File Number: _____
Case Type: Family

In the Matter of:

Name of Petitioner/Plaintiff

v.

Affidavit of Service by Mail

Name of Respondent/Defendant

STATE OF MINNESOTA)
) SS
COUNTY OF)
(County where Affidavit signed)

I, _____, being sworn, state that I am at least 18 years of age
having been born on _____, and that on _____,
I served the following papers:

(list all papers mailed to the other party)

by placing in an envelope a true and correct copy of each document addressed to
_____ at _____ in the City of _____
, State of _____, Zip Code _____ and depositing the envelope, with
sufficient postage, in the United States Mail at the Post Office located in the City of _____
in the State of _____.

Dated:

Signature of Person Who Mailed Documents
(Sign only in front of notary public or court administrator.)

Name:

Sworn/affirmed before me this
_____ day of _____, _____.

Address:
City/State/Zip:
Telephone: () _____

Notary Public \ Deputy Court Administrator