

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 Personal Service

Name of Respondent/Defendant

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

I, _____, being sworn, state that I am at least 18

(Name of person who hand-delivered documents)

years of age having been born on _____, and that on _____
, I served the _____

(list all papers handed to the other party)
upon

(list all papers handed to the other party) (Name of other party)
by handing a true and correct copy of the documents to him/her at

Address

Dated:

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

Name:

Sworn/affirmed before me this

Address:

day of _____

City/State/Zip:
Telephone: ()

Notary Public \ Deputy Court Administrator