

**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

**State of Minnesota**

**District Court**

County

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: Dissolution

**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