

<b>State of Minnesota</b>
County _____

<b>District Court</b>	
Judicial District:	_____
Court File Number:	_____
Case Type:	Dissolution

**In Re the Marriage of:**

Name of Petitioner

and **Affidavit of Personal Service**

Name of Respondent

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

I, \_\_\_\_\_, being sworn, state that I am at least  
(Name of person who hand-delivered documents)  
18 years of age having been born on \_\_\_\_\_, and that on  
\_\_\_\_\_, I served the \_\_\_\_\_  
(list all papers handed to the other party) (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 \_\_\_\_\_  
(street address, city, state)

Dated:

Signature *(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