

**State of Minnesota**

County

**District Court**

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

**In Re the Marriage of:**

Name of Petitioner

**and Affidavit of Service by Mail**

Name of Respondent

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

I, \_\_\_\_\_, being sworn, state that I am at least  
(Name of person who mailed documents)

18 years of age having been born on \_\_\_\_\_, and that on  
\_\_\_\_\_, I served the following papers

\_\_\_\_\_ upon \_\_\_\_\_ by placing in  
(list all papers mailed to the other party) (Name of other party)

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 (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