

**State of Minnesota**

**District Court**

County

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 )  
 )  
COUNTY OF )SS  
(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

Address:

day of \_\_\_\_\_, \_\_\_\_\_.

City/State/Zip:

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Notary Public \ Deputy Court Administrator