

State of Minnesota

District Court

County

Judicial District: _____
Court File Number: _____
Case Type: Name Change

In the Matter of the Application of:

First Middle Last

On Behalf of (current name of minor(s)):

First Middle Last

Affidavit of Personal Service

For a change of name to (new name of minor(s)):

First Middle Last

STATE OF MINNESOTA)
) SS
COUNTY OF)
(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 Application for a Name Change of a Minor and a notice of hearing upon
(Full name of non-applicant parent) at

(address where documents were served) by handing a true and correct copy of the documents to
him/her.

Dated:

Signature (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