

State of Minnesota

District Court

County _____

Judicial District: _____
Court File Number: _____
Case Type: Dissolution without Children

In Re the Marriage of:

Name of Petitioner

and

Affidavit of Personal Service

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 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)

_____ 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 of Person Who Served Documents
(Sign only in front of notary public or court administrator.)

Name: _____

Subscribed and sworn to before me
_____ day of, _____.

Address: _____

City/State/Zip: _____

Notary Public \ Deputy Court Administrator

Telephone: _____