

**State of Minnesota**

County \_\_\_\_\_

**District Court**

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

\_\_\_\_\_  
Plaintiff/Petitioner

and

**Affidavit of Service by Mail**

\_\_\_\_\_  
Defendant/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