State of Minnesota

District Court

County	Judicial District: Court File Number:
	Court File Number:
Plaintiff/Petitioner	
and	Affidavit of Personal Service
Defendant/Respondent	
STATE OF MINNESOTA)) SS
COUNTY OF(County where Affidavit signed	
I,(Name of person who hand-deliver	, being sworn, state that I am at least
	, and that on
,	, I served the (list all papers handed to the other party)
(list all papers handed to the other party)	upon (Name of other party)
	e documents to him/her at
	(street address, city, state)
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	

State