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, _____, 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.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

_____
Signature

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

E-mail address: _____