State of Minnesota **District Court**

County

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

☐ In Re the Marriage of:

_____

_____
Petitioner

and

_____
Respondent

_____
Intervenor

Affidavit of Facsimile Service

STATE OF MINNESOTA)
) SS
COUNTY OF _____)
(County where Affidavit Signed)

I, _____, state that on _____
(Name of person who faxed documents) (Date documents faxed)
at ____ o'clock ___.m. at _____served the attached
(Place documents faxed from)
documents, namely _____, by faxing a true and
(Title of documents faxed)
correct copy of the document(s) addressed to _____listed below at his/her fax number (_____)_____, in the city of _____
(Fax number of person to whom documents were faxed)
State of _____upon (check all that apply):

☐ Petitioner (Name) _____

☐ Respondent (Name) _____

☐ County Attorney's Office (Name) _____

☐ Other (Name) _____

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

Dated: _____

_____
Signature
Print Name: _____
Address: _____
City/State/Zip: _____
Telephone: (_____)_____
E-mail address: _____