**State of Minnesota District Court** Judicial District: County of: Court File Number: Case Type: Petitioner / Plaintiff (first, middle, last) Affidavit of Service by Mail and / vs. Respondent / Defendant (first, middle, last) I, , state that I am at least 18 years of age having been born on and that on , I served the following papers: (List all papers mailed to the other party) by placing in 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 Post Office located in the City of in the State of \_\_\_\_\_ . I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116. Dated: \_\_\_\_\_ Signature Name: County and State where signed Address: City/State/Zip: Telephone: E-mail address:

State