

State of _____

AFFIDAVIT OF SERVICE

State of _____

County of _____

I, the undersigned, being duly sworn, hereby affirm that:

1. My name is _____;
2. I reside at _____, _____, _____;
3. I am not a party to this action;
4. I am over 18 years of age;
5. I am not related to the parties in this action by way of blood, adoption, marriage, or employment.
6. On _____, 20____, I served _____ [Papers served] upon _____ [Party being served] located at _____, _____, County of _____, _____.
7. The description of the recipient is as follows: (Optional)
 - a. Age: _____
 - b. Gender: Female Male
 - c. Race: _____
 - d. Height: _____
 - e. Weight: _____
 - f. Hair color: _____
 - g. Glasses: Yes No
8. I completed service by: (Check all that apply)
 - Delivering a true copy of the aforesaid documents personally; I knew said party so served to be the party described.
 - Depositing a true copy of the aforesaid documents in a postpaid properly addressed envelope at a postal office or official depository under the exclusive care and custody of the United States Postal Service.

Signature of Process Server

Printed Name



NOTARY ACKNOWLEDGMENT

State of _____)
) **(Seal)**
County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____,
20_____, by the undersigned, _____, who is personally known to me or satisfactorily proven to me
to be the person whose name is subscribed to the within instrument.

Signature

Notary Public

My Commission Expires: _____

