

State of Minnesota

County _____

District Court

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: _____