
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

IN RE: _____
Legal name of child

Case No. _____

AFFIDAVIT OF SERVICE
(PETITION FOR NAME CHANGE AND
NOTICE OF HEARING) (Minor)

I, _____, certify that:

1. I am a resident of _____ County, State of Idaho, over the age of eighteen (18) years, and not a party to the above-entitled action.
2. On the _____ day of _____, I personally served a copy of the Petition for Name Change (Minor) and Notice of Hearing upon _____, in the County of _____, State of _____ at (address) _____, (city) _____.

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/printed name

Signature