

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 names of children

Case No. \_\_\_\_\_

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

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 (Minors) 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