

\_\_\_\_\_  
Full Name of Party Filing this Document

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Telephone Number

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Email Address (if any)

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

In the Matter of  
\_\_\_\_\_  
DOB: \_\_\_\_\_  
\_\_\_\_\_ a Minor.

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

**AFFIDAVIT OF SERVICE OF PETITION  
FOR APPOINTMENT**

1. On (Date) \_\_\_\_\_, I served copies of the  
Petition for Appointment of Guardian of a Minor,

and: (Check all additional documents served)

- Sworn Consent to Appointment of Guardian;
- Nomination by a Minor;
- Waiver of Notice;
- Notice of Guardianship Petition and Hearing;
- Other (specify) \_\_\_\_\_

to: (Name) \_\_\_\_\_ at the following address:  
\_\_\_\_\_

by:  Certified Mail  Registered Mail  First Class Mail  Personal delivery

**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: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/Printed Name