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