

IN DISTRICT COURT, _____ COUNTY, STATE OF NORTH DAKOTA

_____,
Plaintiff

CASE # _____

vs.

AFFIDAVIT OF SERVICE
BY MAIL

_____,
Defendant

STATE OF NORTH DAKOTA COUNTY OF _____

Name of Person who Mailed Papers:	Time Mailed(hr:mn): <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date Mailed:
Person to whom Papers were Mailed:	Street Address where Mailed:	
City:	State:	Zip Code:
Mailed at U.S. Post Office in the City of:	State of:	

I swear that I am at least 18 years of age; and that on the date shown above, I deposited a true copy of _____
_____ (Documents mailed)
in this case, securely enclosed in an envelope with CERTIFIED MAIL POSTAGE DULY PREPAID,
RETURN RECEIPT REQUESTED, DELIVER TO ADDRESSEE ONLY, FOR THE PERSON LISTED ABOVE.

(Signature of Person Who Mailed Envelope)

Dated: _____

Subscribed and sworn to before me this _____
day of _____, 20 _____

Clerk or Notary Public _____ County, North Dakota

If notary, my commission expires: _____