
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

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

IN RE: _____

Legal name of children

Case No. _____

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

I, _____, swear 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 (other parent's name) _____, in the County of _____, State of _____ at (address) _____, (city) _____.

Date: _____

Typed/printed name

Signature

STATE OF IDAHO)
) ss.
County of _____)

SUBSCRIBED AND SWORN before me on this _____ day of _____

Notary Public for Idaho
Residing at _____
Commission expires _____