

Circuit Court for _____ Case No. _____
City or County

Name _____
Street Address _____ Apt. # _____
()
City State Zip Code Area Telephone
Code
Plaintiff

VS.

Name _____
Street Address _____ Apt. # _____
()
City State Zip Code Area Telephone
Code
Defendant

AFFIDAVIT OF SERVICE
(Certified Mail)
(DOM REL 56)

I certify that I served a copy of the _____
Name of ALL pleadings/documents served
(which were previously filed with this Court) upon _____
Name of person served
on _____, _____, at _____
Date Street Address City State Zip Code

by certified mail, restricted delivery, return receipt requested. The **original** return receipt signed
by _____ is attached. Also attached is a copy of any
Name of person served
summons ("process") issued by the Court, the original of which I included in the certified mail
service upon the person served. I certify that I am over eighteen (18) years of age and I am not
the Plaintiff or the Defendant.

I SOLEMNLY AFFIRM under the penalties of perjury that the contents of the foregoing paper
are true to the best of my knowledge, information, and belief.

Date

Name of person certifying service (signature)

Name of person certifying service (printed or typed)

Street Address City State Zip Code
of person certifying service

()
Area Code Telephone Number of person certifying service