_____
Full Name of Party Filing This Document

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Mailing Address (Street or Post Office Box)

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City, State and Zip Code

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Telephone Number

IN THE DISTRICT COURT OF THE _____JUDICIAL DISTRICT
OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Father

_____,
Mother

State of Idaho Department of Health and Welfare

Case No.: _____

AFFIDAVIT OF SERVICE

STATE OF _____)
) ss.
County of _____)

I swear under oath:

1. I am a resident of _____ County, State of _____, over the age of eighteen (18) years, and not a party to the above-entitled action.

2. On the _____day of _____, _____, I personally served copies of the

_____on_____

_____, the above-named [ ] Father [ ] Mother [ ] representative of the Department of Health and Welfare, in the County of _____, State of _____ at (address)_____.

_____ _____
Affiant's Signature Typed name of Affiant

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____.

_____
Notary Public for_____
Residing at _____
Commission Expires: _____