_____
Full Name of Party Submitting this Document

_____
Mailing Address (Street or Post Office Box)

_____
City, State, and Zip Code

_____
Telephone Number

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

IN RE: _____, _____ _____ Legal Name Of Children	Case No.: _____ AFFIDAVIT OF SERVICE (PETITION FOR NAME CHANGE & NOTICE OF HEARING - Minors)

STATE OF _____)
: ss
County of _____)

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 _____, 20___, I personally served a copy of the Petition for Name Change and Notice of Hearing upon (other parent's name) _____, in the County of _____, State of _____ at (address) _____, (city) _____.

_____ _____
Affiant's Signature Typed/Printed Name of Affiant

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

_____
NOTARY PUBLIC
Residing at _____
Commission Expires: _____