

Please note that the person that served the papers will be referred to as "you" or "your" in the instructions.

For help in completing this form, click on the yellow question marks or comment symbol for instructions. Please note that you cannot save this form. Once complete you will be able to print it, but not save it. Please make sure that your Highlight Fields option is on so that the fields that need to be completed are light blue in color on the form. Turn it on by clicking on the Highlight Fields button that is on the far right side of the purple message bar.

COURT OF THE STATE OF NEW YORK

COUNTY OF _____ X

In the Matter of the Application of

For Leave to Change Name of Infant from

to

_____ X

STATE OF NEW YORK)
COUNTY OF) ss.: ?

AFFIDAVIT OF SERVICE

INDEX NO.: _____ ?

?, being duly sworn, deposes and says:

① I am over eighteen (18) years of age and not a party to this action.

② That on _____, 20____, at _____, I served a Notice of Petition and Infant Name Change Petition on _____ at _____ by:

? Delivering a true copy thereof to _____ personally. I knew the person so served to be the person mentioned and described in said document(s).

I describe the individual served as follows:

- | | | | |
|---------------------------------|--|---|---|
| Sex: | Age: | Height: | Weight: |
| <input type="checkbox"/> Male | <input type="checkbox"/> 14 - 17 years | <input type="checkbox"/> Under 5' | <input type="checkbox"/> Under 100 lbs. |
| <input type="checkbox"/> Female | <input type="checkbox"/> 18 - 20 years | <input type="checkbox"/> 5' 0" to 5' 3" | <input type="checkbox"/> 100 - 130 lbs. |
| | <input type="checkbox"/> 21 - 35 years | <input type="checkbox"/> 5' 4" to 5' 8" | <input type="checkbox"/> 131 - 160 lbs. |
| | <input type="checkbox"/> 36 - 50 years | <input type="checkbox"/> 5' 9" to 6' 0" | <input type="checkbox"/> 161 - 200 lbs. |
| | <input type="checkbox"/> 51 - 65 years | <input type="checkbox"/> Over 6' | <input type="checkbox"/> Over 200 lbs. |
| | <input type="checkbox"/> Over 65 yrs. | | |

Skin Color (Describe): _____

Hair Color: Black Brown
 Blond Gray
 Red White
 Balding Bald

? Mailing a true copy of said documents, enclosed and properly sealed in a postpaid envelope by first class mail registered mail, which I deposited in a post office or official depository under the exclusive care and custody of the U.S. Postal Service within the State of New York, addressed to the person's dwelling place or last known address at:

Signature

Sworn to before me this _____ day of _____, 20____. ?

Notary Public