

**SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK**

**Note: Affidavits of Service must be filed with  
the court 2 or more business days before  
the court date.** (Uniform Rule 207.7[c])

**ADMINISTRATION PROCEEDING,  
Estate of**

**AFFIDAVIT OF SERVICE  
OF CITATION  
(Personal Delivery)**

a/k/a

**Deceased.**

**File No.** \_\_\_\_\_

**STATE OF  
COUNTY OF**

**X  
ss.:**

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
being duly sworn, says that I am over the age of eighteen years; that I made personal service of the citation  
herein dated \_\_\_\_\_, 20\_\_\_\_, on each person named below, each of whom I knew to be the  
person mentioned and described in said citation, by delivering to and leaving with each of them personally a true  
copy of said citation, as follows:

**(Include name and description of person(s) served, and time and place of service)**

1. On \_\_\_\_\_, description: sex \_\_\_\_\_, color of skin \_\_\_\_\_,  
(name of person served)  
color of hair \_\_\_\_\_, approximate age \_\_\_\_\_, weight \_\_\_\_\_, height \_\_\_\_\_,  
on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ (\_\_\_\_a.m./\_\_\_\_p.m),  
at \_\_\_\_\_.

2. On \_\_\_\_\_, description: sex \_\_\_\_\_, color of skin \_\_\_\_\_,  
(name of person served)  
color of hair \_\_\_\_\_, approximate age \_\_\_\_\_, weight \_\_\_\_\_, height \_\_\_\_\_,  
on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ (\_\_\_\_a.m./\_\_\_\_p.m),  
at \_\_\_\_\_.

3. On \_\_\_\_\_, description: sex \_\_\_\_\_, color of skin \_\_\_\_\_,  
(name of person served)  
color of hair \_\_\_\_\_, approximate age \_\_\_\_\_, weight \_\_\_\_\_, height \_\_\_\_\_,  
on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ (\_\_\_\_a.m./\_\_\_\_p.m),  
at \_\_\_\_\_.

That none of the aforesaid persons is in the Military Service as defined by the Act of Congress known as the "Soldiers' and Sailors'  
Civil Relief Act of 1940" and in the New York "Soldiers' and Sailors' Civil Relief Act."

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Notary Public

Commission Expires:

(Affix Notary Stamp or Seal)

Name of Attorney: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_