

State of Minnesota

County _____

District Court

Judicial District: _____
Court File Number: _____
Case Type: Civil

In the Matter of the Application of:

**Affidavit of Service
of the Application for Discharge
of Judgment**

I, _____, state that I am at least 18 years of age
(Name of person who served the papers)

and that on _____ I served the **Application for Discharge of Judgment**
(Date of Service: MM/DD/YY)

and a **plain (uncertified) copy of applicant’s Bankruptcy Discharge order upon:**

(Name of creditor)

Service was done by: (check all that apply)

Certified Mail: By mailing a true and correct copy of the documents by Certified Mail, postage prepaid to: _____ to their last known address at:
(Name of Creditor or Creditor’s Attorney)

(Address of Creditor or Creditor’s Attorney)

Personal service: By handing a true and correct copy of the documents to: _____ who is the
(Name of person who was handed the documents)

(Write “Creditor” if your creditor is a person. Write the job title of the person if your creditor is a business.)

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

County and State where signed

Signature

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____