| STAT | E OF WISCONSIN, C | IRCUIT COURT, _ | | COUNTY | | |
|---|-----------------------------------|--------------------|------------------|-------------------------------|-------------------|---------------|
| IN THE INTEREST OF Name Date of Birth | | | Amended | | | |
| | | | Affi | davit of Service | | |
| | | | (Ch | apter 48 and 938) | | |
| | | | Case No | D | | |
| I, [Nam | ne] | | of [City] | | , State of | , |
| being | sworn, state that on [D | ate], | I provided copie | s of the following documen | ts: | |
| The fo | ollowing names and ad | dresses: | | | П | See attached |
| 1. | Name: | | | | | |
| | Address: | | | | | |
| | Type of Service: | ☐ Personal Service | ☐ Certified mail | Registered mail with return i | receipt requested | ☐ Publication |
| 2. | Name: | | | | | |
| | Address: | | | | | |
| | Type of Service: | ☐ Personal Service | ☐ Certified mail | Registered mail with return i | receipt requested | ☐ Publication |
| 3. | Name: | | | | | |
| | Address: | | | | | |
| | Type of Service: | ☐ Personal Service | ☐ Certified mail | Registered mail with return i | receipt requested | ☐ Publication |
| 4. | Name: | | | | | |
| | Address: | | | | | |
| | Type of Service: Mail | ☐ Personal Service | ☐ Certified mail | Registered mail with return i | eceipt requested | ☐ Publication |
| 5. | Name: | | | | | |
| | Address: | | | | | |
| | Type of Service: Mail | ☐ Personal Service | ☐ Certified mail | Registered mail with return i | eceipt requested | ☐ Publication |
| 6. | Name: | | | | | |
| ٠. | Address: | | | | | |
| | Type of Service: | ☐ Personal Service | ☐ Certified mail | Registered mail with return i | eceipt requested | ☐ Publication |
| 7. | Name: | | | | | |
| | Address: | | | | | |
| | Type of Service: Mail | ☐ Personal Service | ☐ Certified mail | Registered mail with return i | receipt requested | ☐ Publication |
| Refer | to Wisconsin Statute | es for proper man | ner of service. | | | |
| | | отого реорог пап | | | | |
| State | | | | Signa | aturo | |
| County | y of ribed and sworn to before | me on | | Signa | iture | |
| | nibed and sworm to belore | , me on | | Name Printe | d or Typed | |
| Notary Public/Court Official | | | | | | |
| Name Printed or Typed | | | | Address | | |
| Му сог | mmission/term expires: | | Em | ail Address | | |
| - | notarial act involved the use | | hnology | | | |

Date

Telephone Number