

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE MATTER OF

Amended

\_\_\_\_\_  
Name

**Declaration of Service  
(Minor Guardianship of the Estate)**

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

I, [Name] \_\_\_\_\_ of [City] \_\_\_\_\_, State of \_\_\_\_\_,  
declare that on [Date] \_\_\_\_\_, I provided copies of the following documents:

Documents provided: \_\_\_\_\_

the original of which is on file

a copy of which is attached

to the following named persons at the address/facsimile number listed:

See attached

NAME	ADDRESS	TYPE OF SERVICE***

\*\*\* TYPE OF SERVICE: Refer to Wisconsin Statutes for proper manner of service.

**Type of Service:**

- Personal Service
- Mail
- Certified mail return receipt requested
- FAX with transmittal receipt

**I declare under the criminal penalty of false swearing  
that the information I have provided is true and  
accurate.**



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Bar No. (if any)