

AFFIDAVIT OF SERVICE

Fill in:

your name and address:

the name of the party or other party served

the date service took place

the address or location service took place

Tell what was served. Check appropriate box.

Tell how service took place

Do not sign your affidavit until a commissioner for the taking of affidavits is present.

A commissioner for the taking of affidavits will witness your signature

I	_____
	NAME OCCUPATION
of	_____
	ADDRESS
	<input type="checkbox"/> Make oath and say that:
	<input type="checkbox"/> Solemnly affirm that:
I served	_____
on	_____ month _____ day _____ year
at	_____
with	<input type="checkbox"/> a copy of the Notice of Payment Out attached.
	<input type="checkbox"/>
	<input type="checkbox"/> _____

by	<input type="checkbox"/> leaving a copy of it with him or her.
	<input type="checkbox"/> as directed by the court by _____

signature of person who served the document

Sworn/Affirmed before me on

month	day	year	location where affidavit is sworn
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signature of commissioner for taking affidavits for British Columbia
