

AFFIDAVIT OF SERVICE

Fill in:

your name and address;

I name occupation

of address

☐ **Make oath and say that:**

☐ **Solemnly affirm that:**

the name of the party or
other person served;

I served _____

the date service took
place

on _____

date

the address or location
service took place.

at _____

Tell what was served.
Check appropriate box.

with ☐ a copy of the "Summons to a Payment Hearing" attached.

☐ a copy to the "Summons to a Default Hearing" attached.

☐ _____

Tell how service took
place

by ☐ leaving a copy of it with him or her.

☐ as directed by the court by _____

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

Sworn/affirmed before me on

A commissioner for the
taking of affidavits will
witness your signature

date

at

location where affidavit is sworn

signature of person who served the document

signature of commissioner for taking affidavits for British Columbia