

# The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

## AFFIDAVIT OF SERVICE PURSUANT TO 10 Del. C. §3104(d)

*Petitioner*

*v. Respondent*

Name	Name	File Number
Street Address	Street Address	
Apt. or P.O. Box Number	Apt. or P.O. Box Number	Petition Number
City State Zip Code	City State Zip Code	
Attorney Name and Phone Number	Attorney Name and Phone Number	

1. I am \_\_\_\_\_ the Petitioner or person duly authorized to act for the petitioner in this case.
2. The respondent \_\_\_\_\_ is a non-resident of the State of Delaware who, on information and belief, resides at \_\_\_\_\_
3. On \_\_\_\_\_ I mailed to defendant by return receipt mail a copy of the summons and petition. I also included any additional materials originally filed with the Court. The form of mail service I used was USPS Certified USPS Registered Other (Please Specify): \_\_\_\_\_
4. On \_\_\_\_\_ I received the return receipt and that receipt was returned:  
Received Refused Unclaimed  
*If returned "received" or "refused", the return receipt is attached to this affidavit.*  
*If returned "unclaimed", the envelope is attached to this affidavit.*

I swear that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Affiant Date

Sworn to subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Clerk of Court/Notary Public