

# CERTIFICATE OF SERVICE

## Form 9

In the Provincial Court of British Columbia  
Under the *Child, Family and Community Service Act*

Court File Number:
Court Location:

**In the matter of the child(ren):**

Name(s)	Date(s) of Birth (mo/day/yr)
_____	_____
_____	_____
_____	_____
_____	_____

**The parents of the child(ren) is/are:**

Name(s)
_____
_____

I certify that I, Name \_\_\_\_\_

of Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Served Name of person served \_\_\_\_\_

on Date \_\_\_\_\_

at Address \_\_\_\_\_

with a copy of: (List each document served)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

by leaving the copy with him or her personally;

by mailing the copy to him or her by registered mail. Attached and marked as an exhibit to this certificate is:

- the original acknowledgement of receipt card, marked Exhibit “ \_\_\_\_\_ ”; or
- the unopened envelope returned by Canada Post, marked Exhibit “ \_\_\_\_\_ ”.

by sending the copy by facsimile transmission. Attached and marked as Exhibit “ \_\_\_\_\_ ” to this certificate is a transmission report generated by the sending machine, confirming transmission to Number \_\_\_\_\_

which is the facsimile number of Name \_\_\_\_\_

Dated \_\_\_\_\_

Signature