Certificate of Service

FORM 7

Provincial Court Family Rules Rules 2 and 193

Registry location:	
Court File Number:	

I certify that

i certify ti	iiat		
l,			
•	Your full name		
served			
•	Full name of the person served (copy their name from the docu	ment you served them)	
on	at	a.m./p.m.	
	Date the document(s) were served (mmm/dd/yyyy)	ime the document(s) were served	
Street address or location, city, province, or email address or fax number where the document(s) were served			
	Street daaress or location, city, province, or email daaress or ju	x number where the document(s) were served	
with the f	following document(s):		
	options that apply		
		v (except the blank reply) to this Certificate of Service	
, ittacii a c	copy of each accument you have selected belov	recept the blank reply to this certificate of service	
☐ Family	y Law Matter Claim	☐ Reply to a Counterclaim	
☐ Financ	cial Statement	☐ Application for Order Prohibiting the Relocation of	
☐ Guard	lianship Affidavit	a Child	
☐ Blank	Reply	☐ Application About Enforcement	
	cation for Case Management Order	Application for Review	
	cation About a Protection Order	☐ Notice of Intention to Proceed	
	cation About Extraordinary Parenting Matter	other (list any additional document(s) that you	
☐ Order		served here):	
by:			
	e appropriate option for how you served the oth		
		on about a Protection Order can only be served this way)	
	g a copy of the document(s) with the person		
		cify the method or instructions you followed as ordered	
by the	court):		
0 1:			
-		thod of service is not allowed for a Family Law Matter	
	Application About a Protection Order.)		
	g a copy of the document(s) at the person's ad		
	ng the document(s) by ordinary mail to the pers		
	The date the document(s) were served is 14 days aft		
	ng the document(s) by registered mail to the pe		
		e document(s) were confirmed to have been delivered	
· ·	ada Post. Attach a copy of the delivery confirmation		
	ing the document(s) to the person's email addr		
_	the document(s) to the person's fax number for		
		ecify the method or instructions you followed as ordered	
by the	court):		
 Signatu	ure of the person who served the document	Date of signature (mmm/dd/yyyy)	