

# AFFIDAVIT OF SERVICE

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**Fill in:**  
your name and address;

I name \_\_\_\_\_ occupation \_\_\_\_\_  
of address \_\_\_\_\_

☐ **Swear that:**

☐ **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  
boxes.

**with** ☐ a copy of the "Summons to a Payment Hearing" attached.  
☐ a copy of the "Summons to a Default Hearing" attached.  
☐ a blank "Statement of Finances".  
☐ a blank "Supporting Material Cover Sheet".  
☐ \_\_\_\_\_

Tell how service took  
place

**by** ☐ leaving a copy of it with them.  
☐ as directed by the court by

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Sworn/affirmed before me on**

\_\_\_\_\_  
date

A commissioner for the  
taking of affidavits will  
administer the oath or  
affirmation and witness  
your signature.

**at**

\_\_\_\_\_  
location where affidavit is sworn or affirmed

\_\_\_\_\_  
signature of commissioner for taking affidavits for British Columbia

signature of person who served the document