
DEMOGRAPHIC INFORMATION

Mother's Information

Name: _____

DOB: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Attorney Name: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Father's Information

Name: _____

DOB: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Attorney Name: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Legal Guardian(s) Information

Name: _____

DOB: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Attorney Name: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Legal Guardian(s) Information

Name: _____

DOB: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Attorney Name: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

PROOF OF SERVICE BY MAIL

1. I am at least 18 years old, am not a party to this case, and I am a resident of or employed in the county where service was completed.
2. I served a copy of this document by enclosing it in a sealed envelope and depositing it with the U.S. Postal Service with the postage fully prepaid. The envelope was addressed and mailed as follows:

Name of person(s) served: _____

Address: _____

Date mailed: _____ Place of mailing (*city and state*): _____

I declare under penalty of perjury that the information above is true and correct.

Dated: ____/____/____ Signature of Person Doing the Serving: _____

Type or Print Name: _____