



[Note: File Proof of Service at least two days before return date. State clearly date, time and place of service and name of person served. 22 NYCRR 207.7(c).]

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____

ADMINISTRATION PROCEEDING, ESTATE OF

a/k/a

Deceased.

**AFFIDAVIT OF SERVICE OF CITATION
(ADULT)**

File No. _____

STATE OF _____
COUNTY OF _____

ss.:

of _____
being duly sworn, says that I am over the age of eighteen years; that I made personal service of the citation herein dated _____ on each person named below, each of whom deponent knew to be the person mentioned and described in said citation, by delivering to and leaving with each of them personally a true copy of said citation, as follows:

Name					
Sex	Color of Skin	Color of Hair	Approximate Age	Weight	Height
Time	Date	Place			
Name					
Sex	Color of Skin	Color of Hair	Approximate Age	Weight	Height
Time	Date	Place			
Name					
Sex	Color of Skin	Color of Hair	Approximate Age	Weight	Height
Time	Date	Place			
Name					
Sex	Color of Skin	Color of Hair	Approximate Age	Weight	Height
Time	Date	Place			
Name					
Sex	Color of Skin	Color of Hair	Approximate Age	Weight	Height
Time	Date	Place			