

**Supreme Court of Prince Edward Island  
Small Claims Section**

**Affidavit of Service  
Form 8B**

**Claim no.**

**Plaintiff No. 1**

**Plaintiff No. 2 (if applicable)**

|  |  |
|--|--|
| <b>Full name</b>   | <b>Full Name</b>   |
| <b>Address for Service</b>   | <b>Address for Service</b>   |
| <b>Phone No.<br/>Fax No. (If any)</b>  | <b>Phone No.<br/>Fax No. (If any)</b>  |
| <b>Plaintiff's Lawyer/Agent (Full Name)</b>  | <b>Plaintiff's Lawyer/Agent (Full Name)</b>  |
| <b>Lawyer/Agent's Address for Service</b>  | <b>Lawyer/Agent's Address for Service</b>  |
| <b>Lawyer/Agent's Phone No.<br/>Fax No. (If any)<br/>E-Mail Address (Optional)</b> | <b>Lawyer/Agent's Phone No.<br/>Fax No. (If any)<br/>E-Mail Address (Optional)</b> |

**Defendant No. 1**

**Defendant No. 2 (if applicable)**

|  |  |
|--|--|
| <b>Full name</b>   | <b>Full Name</b>   |
| <b>Address for Service</b>   | <b>Address for Service</b>   |
| <b>Phone No.<br/>Fax No. (If any)</b>  | <b>Phone No.<br/>Fax No. (If any)</b>  |
| <b>Defendant's Lawyer/Agent (Full Name)</b>  | <b>Defendant's Lawyer/Agent (Full Name)</b>  |
| <b>Lawyer/Agent's Address for Service</b>  | <b>Lawyer/Agent's Address for Service</b>  |
| <b>Lawyer/Agent's Phone No.<br/>Fax No. (If any)<br/>E-Mail Address (Optional)</b> | <b>Lawyer/Agent's Phone No.<br/>Fax No. (If any)<br/>E-Mail Address (Optional)</b> |

**Note:** For additional defendants, please list on attached sheet with all the necessary information as requested above.

I, *Full name*, of the *City, Town, etc.* in the County of *Name of County*, in the Province of *Name of Province*

**MAKE OATH AND SAY (or AFFIRM) as follows:**

I have served the *Name of document* on *Name of person or company*

**CHECK ONE OF THE FOLLOWING**

**PERSONAL SERVICE**

personally on *If service is on behalf of a company, identify the person and position held* by leaving a copy with him/her

on *Date* at *Address where document was served*.

I was able to identify the person by means of state the means by which the person's identity was ascertained:

---

**OR**

**SERVICE RESIDENCE**

by leaving a copy of the *Name of document* on *Date* in a sealed envelope

addressed to *Name of party to be served with Identify person served, if known* who appeared to be an adult member of the same household in which *Name of party to be served* resides at *Address where service was made*,

and by sending another copy of the *Name of document* by regular lettermail addressed to

*Name of party to be served*, at the same address on *Date*.

---

**OR**

**SERVICE REGISTERED/REGULAR MAIL**

by sending a copy of the *Name of document* in an envelope showing my return address to *Name of party to be served* by regular lettermail/registered mail at *Address to which the document was mailed* on *Date*.

I believe that this is the address of *Name of party to be served* because *State reason for belief here*.

The document has not been returned to me and I have no reason to believe that it was not received by *Name of party to be served*.

|  |
|--|
| <p><b>Note:</b> A Claim served by mail is not considered to have been served until 20 calendar days have elapsed from the date of mailing. Accordingly, the Affidavit of Service cannot be completed until 20 calendar days from mailing have elapsed.</p> |
|--|

**OR**

[ ] Specify other method of service, e.g. service on a party's solicitor, or by fax, etc.  
*specify other method of service*

SWORN (or AFFIRMED) BEFORE ME AT

this *date* day of *month* , *year* .

\_\_\_\_\_  
*A Commissioner for taking  
affidavits (or as the case may be)*

\_\_\_\_\_  
*Signature*

**WARNING: IT IS A CRIMINAL OFFENCE TO KNOWINGLY  
SWEAR A FALSE AFFIDAVIT.**