
WEST VIRGINIA RETURN OF SERVICE

I, _____, an individual over the age of 18 years, who is
not a party to Civil Action No. _____, personally served _____
at the following address: _____
with a copy of the following: _____
on the _____ day of _____, 20_____, at _____ : _____ a.m./ p.m.

Signature

(Please print your name on this line so that it can be easily read.)

Address of Server:

STATE OF WEST VIRGINIA

County of _____,

to-wit:

This Return of Service was sworn to or affirmed before me on this _____ day of
_____, 20_____.

Notary Public / Other Official

My commission expires: _____.