
WEST VIRGINIA RETURN OF SERVICE

I, _____, an individual over the age of 18, 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 here so it can easily be 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: _____