

Supreme Court of Prince Edward Island
Small Claims Section

Certificate of Service - Sheriff or Sheriff's Officer
Form 8A

Claim No.

[SEALED]

Plaintiff No. 1	Plaintiff No. 2 (if applicable)
Full name	Full Name
Address for Service	Address for Service
Phone No.	Phone No.
Fax No. (If any)	Fax No. (If any)
Plaintiff's Lawyer/Agent (Full Name)	Plaintiff's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)	Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)

Defendant No. 1	Defendant No. 2 (if applicable)
Full name	Full Name
Address for Service	Address for Service
Phone No.	Phone No.
Fax No. (If any)	Fax No. (If any)
Defendant's Lawyer/Agent (Full Name)	Defendant's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)	Lawyer/Agent's Phone No. Fax No. (If any) E-Mail Address (Optional)

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

I, Sheriff or Sheriff's officer _____ of

_____ certify that I have served the

(Name of document)

personally on (Name of person served)

on (Date) _____

OR

by leaving a copy of the document in a sealed envelope addressed to the defendant with: (Name of person document was left with) _____

at (Address):

and by mailing another copy of the document addressed to the defendant at: (Address where mailed to)

on (Date) _____.

(Date)

(Signature of Sheriff or sheriff's officer)