

1 Case No.

2 Dept. No. I

3 The undersigned hereby affirms this document
4 Does not contain a social security number.

5
6 IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
7 IN AND FOR THE COUNTY OF CHURCHILL
8

9 In the Matter of the Parental Rights as to:
10 *(children's names)*

11 _____
12 _____
13 _____

14 Minor Child(ren).

**CERTIFICATE OF MAILING TO
CHILD SUPPORT ENFORCEMENT**

15 I, *(name of person who mailed the documents)* _____,

16 declare under penalty of perjury under the law of the State of Nevada that the following is true and
17 correct. That I served the (*check all that apply*)

- 18 Petition to Terminate Parental Rights
19 Notice of Hearing

20 as required by NRCP 5(b) and NRS 128.060(3) by depositing a copy of same in the U.S. Mail in
21 _____, Nevada, by (*check one*) registered mail / certified
22 mail, return receipt requested, on *(month)* _____ *(day)* _____, 20____
23 addressed as follows:

24 Chief of the Child Support Enforcement Program
25 Nevada State Division of Welfare and Supportive Services
1470 College Parkway
Carson City, NV 89706-7924

26 DATED this *(day)* _____ day of *(month)* _____, 20____.

27
28 Signature: _____