

**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. Fax No. (If any)	Phone No. 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. Fax No. (If any)	Phone No. 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 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)