

Minnesota Voluntary Recognition of Parentage

Purpose

Signing and filing this Recognition of Parentage (ROP) form establishes a legal relationship between a father and child when the biological father is not married to the child's mother. Signing and filing this form:

- Legally establishes the biological father's paternity
- Creates and waives certain rights and responsibilities for the mother, father and child
- Allows the father's name to be on the child's birth record
- Provides a basis for establishing child support
- **Does not establish custody or parenting time.**

Instructions for parents

Get answers to your questions before you sign this form. Signing this form is voluntary. If, you are unsure who the biological father is, you should not sign this document and you should have a genetic test. To obtain a genetic test, contact your county child support office or seek genetic testing services on your own. A Recognition of Parentage can be revoked by either parent if a written revocation signed by that parent in front of a notary public is filed with the Minnesota Department of Health, Office of Vital Records within 60 days after the Recognition of Parentage is signed. After 60 days, a fully executed and filed Recognition of Parentage has the same force and effect as a court order establishing paternity. Upon filing, the Department of Health will update the birth record with the father's name.

If you want to voluntarily establish the legal relationship between a father and child when the father is not married to the child's mother:

- Read all four pages of this form and the booklet Being a Legal Father: Parentage information for mothers and fathers (DHS-3159A) carefully or have someone read them to you
- Watch the paternity establishment video
- If the mother was married to a person other than the child's biological father, the mother's spouse must also sign and submit a Spouse's Non-Parentage Statement and file with the Minnesota Department of Health
- Fill out all of this form with information that matches your child's birth record
- Ask for a new form if you make a mistake. Do not cross out words, leave blanks or make corrections
- Sign this form in front of a notary public
- File this completed form with the Minnesota Department of Health.

When you sign this form, you may also change your child's last name from what is on your child's birth record. If you want to change the last name and both parents agree, write your child's new last name in the designated box. If you do not want to change the last name or if your child's birth record is not filed yet, write your child's current last name in the box.

Instructions for assisting agencies

- Provide verbal notice to the parents of their rights, responsibilities and their alternatives to signing this Recognition of Parentage.
- Complete the Agency section on the bottom of the completed Recognition of Parentage by checking a box and writing the name of the agency where the form is completed.
- Fax or send the form to the Minnesota Department of Health.
- Give each parent a copy of the form and keep the original or a copy for your records.
- Follow your agency's policies and procedures for contacting the parents to sign and file a new form if you become aware that the form is rejected by the Minnesota Department of Health.

Fax this completed form to 651-215-5834.

If you are unable to fax this form, mail it to:

Minnesota Department of Health
Office of Vital Records
P.O. Box 64499
St. Paul, MN 55164-0499

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

የስተውሉ፡ ይህንን ዶኩመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆኑ፡ የጉዳዮች ሰራተኛ ይጠይቁ ወይም በስልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သ့ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိာ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်,သံကွၢ်ဘဉ်ပုၤဂ့ၢ်ဒိအပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍລີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປຣໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.


Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

DA1(8-16)



For accessible formats of this publication or assistance with additional equal access to human services, write to DHS.Info@state.mn.us, call 651-431-4400, or use your preferred relay service. (ADA1 [9-15])

Minnesota Voluntary Recognition of Parentage

CHILD	FIRST NAME		MIDDLE NAME		LAST NAME		SUFFIX (Jr., Sr., I, II, etc.)	
	DATE OF BIRTH		BIRTH PLACE (city/state)					
	Do you want to change your child's last name? <input type="radio"/> Yes <input type="radio"/> No If yes, write the new last name in the box to the right. If no, write the current last name in the box to the right.					CHILD'S LAST NAME		
MOTHER	FIRST NAME		MIDDLE NAME		LAST NAME		SUFFIX	DATE OF BIRTH (mm/dd/yyyy)
	BIRTH PLACE (city/state)				SOCIAL SECURITY NUMBER		PHONE NUMBER (optional)	
	MAILING ADDRESS				CITY		STATE	ZIP CODE
	Were you married to a person other than the biological father when this child was conceived or born? <input type="radio"/> Yes <input type="radio"/> No If yes, the spouse/ex-spouse must also file a Spouse's Non-parentage Statement (Form DHS-3159C) within one year of this child's birth to put the name of the biological father on this child's birth record.							
FATHER	FIRST NAME		MIDDLE NAME		LAST NAME		SUFFIX	DATE OF BIRTH (mm/dd/yyyy)
	BIRTH PLACE (city/state)				SOCIAL SECURITY NUMBER		PHONE NUMBER (optional)	
	MAILING ADDRESS				CITY		STATE	ZIP CODE

By signing this Recognition of Parentage, I swear or affirm all the following:

- I am the biological parent of the child named above.
- The rights, responsibilities, alternatives and legal consequences associated with signing this form as outlined in the Parent's statement, Waiver of rights and Custody and parenting time information sections of this form have been explained to me verbally and/or in writing and I understand and accept them
- To the best of my knowledge, all of the above information is true and correct.
- I understand that I have the right to genetic tests. If I have not had genetic testing, I am certain that the father listed above is the biological father of the child.
- I understand that signing this form does not establish custody or parenting time and the mother has sole custody until a court orders otherwise.
- I understand that signing this form allows the court to order child support.
- I am voluntarily signing this form for the purpose of establishing paternity for my child and making sure both parents are listed on my child's birth record.
- I understand that I have the right to revoke this Recognition of Parentage within 60 days. I understand that I may revoke the Recognition of Parentage by signing a written revocation in front of a notary public and filing it with the Minnesota Department of Health, Office of Vital Records. I understand that if the Recognition of Parentage is not revoked within 60 days, it has the same force and effect as a court order establishing paternity and would take a court order to undo.

Mother's signature x _____

Biological father's signature x _____

NOTARY PUBLIC	In the state of _____, County of _____	
	Signed and sworn/affirmed to before me this (mm/dd/yy):	
NOTARY STAMP	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	
	_____ Notary Public Signature	_____ My commission expires

NOTARY PUBLIC	In the state of _____, County of _____	
	Signed and sworn/affirmed to before me this (mm/dd/yy):	
NOTARY STAMP	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	
	_____ Notary Public Signature	_____ My commission expires

AGENCY	Form completed at:
	<input type="checkbox"/> MDH <input type="checkbox"/> DHS <input type="checkbox"/> County <input type="checkbox"/> Hospital <input type="checkbox"/> Other (agency name) _____

Parent's statement

I swear/affirm that:

- I have been told about the Recognition of Parentage form and understand my rights and responsibilities created and waived by signing this form.
- I have a copy of Being a Legal Father: Parentage information for mothers and fathers (DHS-3159A). I read the booklet or had someone else read it to me.
- I have received additional oral notice about my rights, responsibilities and alternatives to signing this form, and/or had the opportunity to view the paternity establishment video which is available online and at all county child support offices.
- I understand that either of us may choose not to acknowledge paternity. As alternatives to signing the Recognition of Parentage, either of us could ask the court to decide on paternity or we could acknowledge paternity later.
- I acknowledge that we are the biological parents of the child named in this Recognition of Parentage.
- **I understand that this Recognition of Parentage does not give custody or parenting time to the legal father.** However, this Recognition of Parentage gives the father the right to ask the court for temporary or permanent custody and/or parenting time.
- If I sign this Recognition of Parentage and pursue a court order for custody, I understand that under Minnesota Statutes Chapter 518, there is no presumption for or against joint physical custody except in cases involving domestic abuse between the parents.
- I understand that either of us can take legal action to establish paternity instead of signing the Recognition of Parentage and that either of us may apply for paternity establishment services at our local child support office.
- I understand that either of us can choose to have genetic testing done before we sign the Recognition of Parentage.
- I accept responsibility to provide financial child support for my child. I understand that a court can order financial child support that can include payments for basic, medical and child care support going back to the date of my child's birth or two years from the start of a legal action, whichever is earlier, and continuing until a court order for support ends.
- I understand that financial support can also include the following: reimbursement of public assistance furnished for the benefit of my child, reimbursement of the pregnancy and confinement expenses associated with my child's birth, reimbursement of any genetic testing fees paid by the public authority.
- I understand that both parents have the right to all notices of any adoption proceedings.

- I understand that this is a legal document. If we are both age 18 or older when we sign this form, this Recognition of Parentage is the same as a court order determining the legal relationship between a father and child.
- I understand that if either of us is under age 18 when we sign this form, this Recognition of Parentage is only a presumption of paternity. It is not final. I understand that I have six months after the youngest of us turns 18 to take legal action to declare the nonexistence of the father and child relationship.
- I understand that either of us can cancel this Recognition of Parentage by stating in writing that, "I am revoking the Recognition of Parentage." I understand that I must sign the revocation in front of a notary public and that I must file the revocation with the Office of Vital Records within 60 days after I sign this form. If I have not filed a revocation within 60 days, I understand that this Recognition of Parentage will have the same force and effect as a court order establishing paternity. If I still want to cancel this Recognition of Parentage after the 60 days, I understand that I will need to take legal action to request that the court change any of the information in this Recognition of Parentage which the court may or may not do.
- I understand that this Recognition of Parentage will not be considered valid if the mother of the child was married to another person at the time this child was conceived or born unless this Recognition of Parentage is filed in conjunction with a Spouse's Non-parentage Statement.
- To the best of my knowledge, the information on this form is true.
- I am signing this form voluntarily. No one forced me to sign this Recognition of Parentage.

Waiver of rights

By signing this Minnesota Voluntary ROP form (DHS-3159), you give up the right to:

- Participate in a paternity proceeding, where an attorney could represent me
- A trial to determine if the man is the biological father of the child
- Cross-examine witnesses in a paternity proceeding
- Testify about who is the biological father of the child in a paternity proceeding.

Custody and parenting time information

When a child is born to parents who are not married to each other the law gives custody of the child to the mother. If either parent wants a different custody arrangement, the parents must go to court.

Please contact an attorney if there are any questions.