



**REQUEST FOR A CERTIFIED COPY  
OF A RECOGNITION OF PARENTAGE OR DECLARATION OF PARENTAGE OR RELATED FORM**

**Part A: To receive a certified copy of the Recognition of Parentage (ROP) or Declaration of Parentage (DOP) or related form, please provide the following information as it occurs on the birth record and ROP or DOP or related form:**

<b>ROP INFORMATION</b>	<b>FIRST</b>		<b>MIDDLE</b>		<b>LAST (name on birth record/form)</b>
	<b>BIRTH MONTH</b>	<b>BIRTH DAY</b>	<b>BIRTH YEAR</b>	<b>SEX</b>	<b>CITY &amp; COUNTY OF BIRTH</b>
	<b>MOTHER'S FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>LAST NAME</b>
	<b>FATHER'S FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>LAST NAME</b>

**Part B: Please provide the following information about you, the requester:**

Your Name: (please print)	(First)	(Middle)	(Last)
Your Address:			Daytime Phone
	(City)	(State)	(Zip)

**Part C: Check the box and enclose a \$9 fee for a copy of each form requested.**

- Recognition of Parentage (ROP) or Declaration of Parentage (DOP) --Please note that the Recognition of Parentage Program began in 1994. For births that occurred before August 1, 1995, parents may have completed a Declaration of Parentage form.
- Husband's Non-Paternity Statement (HNPS)
- Revocation of a Recognition or Declaration of Parentage or Husband's Non-Paternity Statement

**Part D: Notarized Signature is Required.**

To receive an official copy of a previously completed Recognition of Parentage (ROP), Declaration of Parentage (DOP), a Husband's Non-Paternity Statement (HNPS), or a Revocation of a ROP, DOP, or HNPS, you must check one of the following and have your signature notarized.

- I am the mother of the subject and my name appears on the birth record and ROP or DOP form;
- I am the father of the subject and my name appears on the birth record and ROP or DOP form;
- I am a representative of the Minnesota Department of Human Services and have access to the ROP or DOP form according to Minnesota Statutes, section 144.225, subdivision 2b, for child protection purposes.

**Your Signature must be notarized when applying by mail or fax for a copy of ROP, DOP, HNPS, or Revocation form.**

Your Signature		Date: / /
Subscribed and sworn before me this ____ day of _____, 20____		
by _____ My commission expires _____.		
Notary Public		

**Part E. Payment and Mailing**

There is a \$9.00 fee for each certified copy of a ROP, DOP, HNPS, or a Revocation. Make your check or money order payable to the Minnesota Department of Health. Checks returned for nonpayment will be charged a \$30.00 fee according to Minnesota Statutes, section 604.113, subdivision 2 and civil penalties may be imposed for nonpayment. Mail application and payment to: Minnesota Department of Health, Office of the State Registrar, P.O. Box 64499, St. Paul, Minnesota 55164-0499.

If using a Master Card, VISA, or Discover Card, fax the completed application to: 651-201-5740.

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_