



Minnesota Voluntary Recognition of Parentage

Purpose:

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

- Establishes a presumption of paternity or paternity between a father and child when the father is not married to the child's mother
- 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 certificate.

Instructions for parents:

Signing this form is voluntary. This is a legal document. Signing this form establishes a presumption of paternity or paternity. **Get answers to your questions before you sign this form.**

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 Power of Two video
- Fill out all of this form with information that matches your child's birth certificate
- 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 (MDH), Office of the State Registrar.

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 agencies assisting with the ROP Program:

- Complete the "Agency" section on the bottom of the completed ROP 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 the State Registrar
PO Box 64882
St. Paul, MN 55164-0882

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າທ່ານກຳລັງຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທໂທຕາມເລກໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

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

Ogow. Haddii aad dooneyso in laga kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB2-0001 (10-09)

ADA3 (5-09)

This information is available in alternative formats to individuals with disabilities by calling (651) 431-4199 or (800) 657-3954. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

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Child	FIRST NAME		MIDDLE NAME		LAST NAME		SUFFIX (Jr., Sr., I, II, etc.)		
	BIRTH DATE (mm/dd/yy)			BIRTH PLACE (city/state)					
Do you want to change your child's last name? 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.					<input type="checkbox"/> Yes <input type="checkbox"/> No		CHILD'S LAST NAME		
Mother	FIRST NAME		MIDDLE NAME		LAST NAME		BIRTH DATE (mm/dd/yy)		
	MAILING ADDRESS				BIRTH PLACE (city/state/country)				
	CITY			STATE		ZIP CODE		SOCIAL SECURITY NUMBER	
	Were you married to a man other than the biological father when this child was conceived or born? If yes, the husband/ex-husband must also file a Husband's Non-paternity 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.							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Father	FIRST NAME		MIDDLE NAME		LAST NAME		BIRTH DATE (mm/dd/yy)		
	MAILING ADDRESS				BIRTH PLACE (city/state/country)				
	CITY			STATE		ZIP CODE		SOCIAL SECURITY NUMBER	

I have read the instructions and I understand the "Parent's statement," "Waiver of rights" and "Custody and parenting time information" sections of this form. I have examined this form and, to the best of my knowledge and belief, I declare that it is a true and correct statement of every important point.

Mother's signature x _____

Father's signature x _____

Notary Public	In the state of _____, County of _____	
	Sworn/affirmed to before me this (mm/dd/yy):	
	<input type="text"/> / <input type="text"/> / <input type="text"/>	
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: _____	

Notary Public	In the state of _____, County of _____	
	Sworn/affirmed to before me this (mm/dd/yy):	
	<input type="text"/> / <input type="text"/> / <input type="text"/>	
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: _____	



DHS-3159-ENG 9-10

Parent's statement:

Under oath, I state that:

- I have been told about the Recognition of Parentage (ROP) 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.
- I understand that either of us may choose not to acknowledge paternity. As alternatives to signing the ROP, 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 ROP.
- I understand that this ROP does not give custody or parenting time to the legal father. However, this ROP gives the father the right to ask the court for custody or parenting time.
- I understand that either of us can take legal action to establish paternity instead of signing the ROP 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 ROP.
- I accept responsibility to provide financial support for my child. I understand that a court can order financial support that can include payments for basic support, medical support and child care support starting from my child's birth until a court order for support ends.
- 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 ROP 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 ROP is only a presumption of paternity. It is not final. I understand that this ROP will be the same as a court order determining the legal relationship between a father and child six months after the youngest of us turns 18. If I want to stop this ROP from becoming a legal document, I understand that I must take legal action before the six months ends.

- I understand that either of us can cancel this ROP by stating in writing that, "I am revoking the ROP." 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 the State Registrar within 60 days after I complete this ROP form. If I have not filed a revocation within 60 days and still want to cancel this ROP, I understand that I will need to take legal action to request a change to any of the information in this ROP.
- I understand that this ROP will not be considered valid if the mother of the child was married to another man at the time this child was conceived or born unless this ROP is filed in conjunction with a Husband's Non-paternity 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 ROP.

Waiver of rights:

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

- Have blood or genetic testing done later to prove that the man is the biological father of the child
- Have an attorney represent you in a paternity proceeding
- 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 the father wants a different custody arrangement, he must go to court. If the parents cannot agree on parenting time, the father must go to court. If you have questions, please contact an attorney.