DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

Minnesota Voluntary Recognition of Parentage Spouse's Non-Parentage Statement

Purpose

Signing and filing the Spouse's Non-parentage Statement (SNPS) ends the legal relationship between a presumed parent and child when a corresponding Recognition of Parentage (ROP) form is also signed and filed with the Minnesota Department of Health, Office of Vital Records.

Instructions

Signing this statement is voluntary. This is a legal document. By signing it, in conjunction with a valid ROP, your name will be removed from the child's birth record and the biological father's name, as stated on the ROP, will be added to the child's birth record.

Read all of the form carefully or have someone read it to you. If you do not understand any part, do not sign it and ask for help. Get answers to your questions before you sign this form.

If you are a presumed parent and you want to end your legal relationship with a child who was born during your marriage or within 280 days after your divorce to the child's mother:

- Fill in all the information requested
- Use names and information that match the child's birth record
- Ask for a new form if you make a mistake. Do not cross out words or make corrections
- Sign the statement in front of a notary public
- File it with the Minnesota Department of Health within one year after the child's birth.

Fax this completed form to 877-490-5564.

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

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

If you do not understand any part of this form, ask for help.

NO ENGLISH  **651-539-7700**

Attention. If you need free help interpreting this document, call the number in the box above.

ማሳሰቢያ፦ ስለ ዶክሜንቱ ነፃ ገለፃ ከፈለጉ፣ ሠራተኛዎን ያነጋግሩ። Amharic

انتباه. إذا احتجت الى مساعدة مجانية في ترجمة هذه الوثيقة، اتصل بالرقم الموجود في المربع أعلاه. Arabic

মনোযোগ দিন। যদি আপনি বিনামূল্যে এই নথিটির ব্যাখ্যার জন্যে সহায় চান তাহলে উপরোক্ত বাক্সে থাকা নম্বরটিতে কল করুন। Bengali

သတိပြုရန်။ ဤစာတမ်းကို ဘာသာပြန်ဆိုရန်အတွက် အခမဲ့အကူအညီ လိုအပ်ပါက, အထက်ဖော်ပြပါ အကွက်ရှိ နံပါတ်ကို ခေါ်ဆိုပါ။ Burmese

ការយកចិត្តទុកដាក់។
ប្រសិនបើអ្នកត្រូវការជំនួយឥតគិតថ្លៃក្នុងការបកស្រាយឯកសារនេះ
សូមហៅទូរសព្ទទៅលេខក្នុងប្រអប់ខាងលើ។ Cambodian

注意!如果您需要免費的口譯支持,請撥打上方方框中的電話號碼。
Cantonese (Traditional Chinese)

wáŋ. héčiŋhaŋ niyé wačhíŋyAŋ wayúiyeska ki de wówapi sutá, ečíyA kiŋ wóiyawa ed ophíye waŋ. Dakota

Paunawa. Kung kailangan mo ng libreng tulong sa pag-unawa sa kahulugan ng dokumentong ito, tawagan ang numero sa kahon sa itaas.
Filipino (Tagalog)

Attention. Si vous avez besoin d’aide gratuite pour interpréter ce document, appelez le numéro indiqué dans la case ci-dessus. French

સાવધાન. જો તમને આ દસ્તાવેજને સમજવા માટે નિઃશુલ્ક મદદની જરૂર હોય, તો ઉપરના બોક્સ પૈકીના નંબર પર કોલ કરો. Gujarati

ध्यान दें। यदि आपको इस दस्तावेज़ की व्याख्या में निःशुल्क सहायता की आवश्यकता है, तो ऊपर बॉक्स में दिए गए नंबर पर कॉल करें। Hindi

NO ENGLISH  **651-539-7700**

Lus Ceeb Toom. Yog tias koj xav tau kev pab txhais lus dawb ntawm cov ntaub ntawv no, ces hu rau tus nab npawb xov tooj nyob hauv lub npov plaub fab saum toj no. Hmong

ဟ်သူဉ်ဟ်သး. နမ့ၢ်လိဉ်ဘဉ် တၢ်မၤစၢၤကလီလၢ ကကျိုးထံလံာ်တီလံာ်မိတဖဉ်အဃိ, ကိးနီဉ်ဂံၢ်လၢ အအိဉ်ဖဲတၢ်လွံၢ်နၢဉ် လၢတၢ်ဖိခိဉ်အပူၤတက့ၢ်. Karen

이 문서의 내용을 이해하는 데 도움이 필요하시면 위에 있는 전화번호로 연락해 무료 통역 서비스를 받으실 수 있습니다. Korean

تکایە سەرنج بدە. ئەگەر بۆ وەرگێڕانی ئەم بەڵگەنامەیە پێویستت بە یارمەتی بێبەرامبەرە، ئەوا پەیوەندی بەو ژمارەیەوە بکە کە لە بۆکسەکەی سەرەوەدایە Kurdish Sorani

Baldarî. Ger ji bo wergerandina vê belgeyê hewcedariya we bi alîkariya belaş hebe, ji kerema xwe bi hejmara li qutiya jorîn re telefon bikin. Kurdish Kurmanji

Hoȟpíŋ. Tóháŋ waŋží thí wíyukčaŋpi kiŋ yuhá níyuŋspe héčha čhéya, lé tkíčhuŋ kiŋ k'é náŋpa opáwiŋyaŋ. Lakota

ເອົາໃຈໃສ່. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອຟຣີໃນການຕີຄວາມເອກະສານນີ້, ໃຫ້ໂທຫາເບີທີ່ຢູ່ໃນປ່ອງຂ້າງເທິງ. Lao

注意！如果您需要免费的口译帮助，请拨打上方方框中的电话号码。
Mandarin (Simplified Chinese)

Pa̱lɛ rɔ piny: Mi gööri luäk lɔrä kɛ lu̱ɔc kä mɛmɛ, yɔtni nämbär ɛmɔ tëë nhial guäth ɛmɛ. Nuer

Mah Biz'sin'dan.
Keesh'pin nan'deh'dam'mun chi'wee'chi'goo'yan chi'nis'too'ta'man oo'weh ooshii'be'kan.
Ishi'kidoon ah'kin'das'soon ka'ooshi'bee'kadehk ish'peh'mik ka'shi ka'ka'kak. Ojibwe

NO ENGLISH 

651-539-7700

Hubachiisa:-Yoo barreeffama kana hiikuuf gargaarsa bilisaa barbaaddan, lakkoofsa saanduqa armaan olii keessa jirun bilbilaa Oromo

Atenção. Se você precisar de ajuda gratuita para interpretar este documento, ligue para o número na caixa acima. Portuguese

Внимание! Если Вам нужна бесплатная помощь в переводе этого документа, позвоните по телефону, указанному в рамке выше. Russian

Pažnja. Ukoliko vam je potrebna besplatna pomoć u tumačenju ovog dokumenta, pozovite broj naveden u kvadratu iznad. Serbian

Fiiro gaar ah. Haddii aad u baahan tahay caawimo bilaash si laguugu turjumo dukumiintigan, wac lambarka ku jira sanduuqa sare. Somali

Atención. Si necesita ayuda gratuita para interpretar este documento, llame al número que aparece en el recuadro superior. Spanish

Zingatia. Iwapo unahitaji msaada usio na malipo wa kutafsiri hati hii, piga simu kwa namba iliyo kwenye kisanduku hapo juu. Swahili

ልቢ በሉ፡ ነዚ ሰነድ ንምትርጓም ነፃ ሓገዝ እንተ ደልዮም፣ በቲ ኣብ ላዕሊ ኣብ ውሽጢ ሰደቓ ተቐሚጡ ዘሎ ቁጽሪ ይደውሉ። Tigrinya

Увага! Якщо Вам потрібна безкоштовна допомога в перекладі цього документа, зателефонуйте за номером, вказаним у рамці вище. Ukrainian

Xin lưu ý: Hãy liên hệ theo số điện thoại trong ô trên nếu bạn cần bất kỳ sự hỗ trợ miễn phí nào để hiểu rõ về tài liệu này. Vietnamese

Àkíyèsí. Tí o bá nílò ìrànlówọ́ pẹ̀lú tí tú mọ̀ àkọ̀ọ́lẹ̀ yìí, pe nọ́mbà tó wà nínú àpótí tí wà ló kè. Yoruba

LB (7-24)



For accessible formats of this information or assistance with additional equal access to human services, email us at DHS.info@state.mn.us, call 651-431-4400, or use your preferred relay service.
ADA1 (3-24)

Clear Form

DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

DHS-3159C-ENG 12-24

Minnesota Voluntary Recognition of Parentage Spouse's Non-Parentage Statement

According to Minnesota Statutes, section 257.75, subdivision 1a, I _____ (SPOUSE'S FIRST, MIDDLE, LAST NAME), swear or affirm, and state that, although the child named below was born during my marriage to the mother or within 280 days after our divorce, I am not the biological parent of:

CHILD

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (Jr., Sr., I, II, etc.)

GENDER ◯ Male ◯ Female	DATE OF BIRTH	HOSPITAL NAME OR LOCATION OF BIRTH (if not at a hospital)

CITY	STATE	COUNTRY

MOTHER

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (Jr., Sr., I, II, etc.)

DATE OF BIRTH (mm/dd/yyyy)	PHONE NUMBER	MAILING STREET ADDRESS

CITY	STATE	ZIP CODE	COUNTRY

SPOUSE

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (Jr., Sr., I, II, etc.)

DATE OF BIRTH (mm/dd/yyyy)	PHONE NUMBER	MAILING STREET ADDRESS

CITY	STATE	ZIP CODE	COUNTRY

The child's mother and I were married on _____ (MM/DD/YYYY), in _____ (CITY), _____ (STATE), _____ (COUNTRY).

I recognize that the man who has or who will sign the Recognition of Parentage is the biological father of the child named above.

I understand that:

- If this statement is accepted for filing, my name will not appear on the birth record of the child named above or that the child's birth record will be amended to reflect the biological father's name.
- To revoke this statement, within 60 days after it is signed, I must state in writing that I am revoking it; sign the revocation in front of a notary public; and file it with the Minnesota Department of Health by fax or mail.
- If I do not revoke a statement that has been accepted for filing, it will be valid unless the corresponding ROP is revoked or the court issues an order invalidating the ROP.

- By signing and filing this form I am renouncing the presumption that I am the biological father of the child listed above born during my marriage to the mother or within 280 days after our divorce. Notice: If the ROP is revoked or ordered invalid, the SNPS becomes invalid and I will be considered the presumed parent of this child.

Spouse's signature x_____

NOTARY PUBLIC

In the state of _____, County of _____

Signed and sworn/affirmed to before me this (mm/dd/yy):

☐☐ / ☐☐ / ☐☐

NOTARY STAMP

_____ Notary Public Signature

_____ My commission expires

AGENCY

Form completed at:

☐ Hospital ☐ MDH ☐ County ☐ Agency

☐ Other

AGENCY NAME: _____

AGENCY PHONE: _____