DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

Minnesota's Spouse's Non-parentage Statement Revocation Form

Purpose

Signing and filing the Minnesota's Spouse's Non-parentage Statement Revocation Form (DHS-3159E) cancels a signed and filed Minnesota Spouse's Non-parentage Statement (SNPS) (DHS-3159C). The SNPS ended the legal relationship between a presumed parent and child when it and a Minnesota Voluntary Recognition of Parentage (ROP) form (DHS-3159) were filed with the Minnesota Department of Health, Office of Vital Records. Signing and filing this revocation form recreates the legal relationship between a presumed parent and child.

Instructions

If you want to cancel the SNPS that you previously signed, you must sign and file this revocation form within 60 days after the statement was originally signed. Signing this revocation is voluntary. This is a legal document. Signing and filing the revocation cancels a previously signed and filed Recognition of Parentage and the legal father and child relationship it created.

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

If you want to cancel the Spouse's Non-Parentage Statement you previously signed and filed and recreate the legal relationship (presumption of paternity) between you and the child:

- Fill out all of the information requested on the revocation
- Use names and information that match the Spouse's Non-Parentage Statement you previously signed and filed
- Ask for a new form if you make a mistake. Do not cross out words or make corrections
- Sign the revocation form before a notary public
- File the revocation with the Minnesota Department of Health, Office of Vital Records within 60 days of the date the Spouse's Non-Parentage Statement was signed.

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

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-3159E-ENG 12-24

Minnesota's Spouse's Non-parentage Statement Revocation Form

REVOKING PERSON FIRST NAME	REVOKING PERSON MIDDLE NAME	REVOKING PERSON LAST NAME

I swear or affirm all of the following:

- I signed a Spouse's Non-parentage Statement (SNPS) form on _____ for:
  (MM/DD/YYYY)

CHILD'S FIRST NAME	CHILD'S MIDDLE NAME	CHILD'S LAST NAME	DATE OF BIRTH

- I wish to revoke that SNPS. I understand that this revocation cancels my previously signed and filed SNPS and that I am the presumed parent of the child named above.
- The name and address of the mother is:

MOTHER'S FIRST NAME	MOTHER'S MIDDLE NAME	MOTHER'S LAST NAME	
MOTHER'S STREET ADDRESS	CITY	STATE	ZIP CODE

- My address is:

REVOKING PERSON'S STREET ADDRESS	CITY	STATE	ZIP CODE

I understand that the Minnesota Department of Health, Office of Vital Records will send a copy of this revocation to the mother and the man who signed the Minnesota Voluntary Recognition of Parentage form. I understand that if I fail to submit this Revocation form to the Minnesota Department of Health, Office of Vital Records within 60 days of signing the Spouse's Non-Parentage Statement this revocation will not be valid.

SIGNATURE OF REVOKING PERSON

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: _____