DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

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 agency 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 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 877-490-5564.

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

NO ENGLISH  **651-539-7700**

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

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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

DHS-3159-ENG 2-25

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? ◯ Yes ◯ 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?
◯ Yes ◯ 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

__/__/__

Notary Public Signature | My commission expires

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:
☐ MDH ☐ DCYF ☐ County ☐ Hospital
☐ 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 the view the paternity establishment video which is available online and at all county child support agencies.
- 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 agency.
- 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.