



Minnesota Voluntary Recognition of Parentage

Purpose:

Signing this form establishes a legal relationship between a father and child when the father is not married to the child's mother. Signing this form:

- 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.

Instructions for parents:

Signing this form is voluntary. Read all of the form and information booklet carefully or have someone read it to you. View the full videotape.

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, fill in all the information requested on this form. Sign this form in front of a notary public and file it with:

Minnesota Department of Health
Office of the State Registrar
PO Box 64882
St. Paul, MN 55164-0882

Both parents must sign this form and have their signatures notarized. Parents may sign at different times and in front of different notary publics. If you do not understand any part of this form, ask for help.

Waiver of rights:

By signing this Minnesota Voluntary Recognition of Parentage form (DHS-3159), you give up rights listed below:

- The right to have blood or genetic testing to prove that the man is the biological father of the child.
- The right to have an attorney represent you.
- The right to a trial to determine if the man is the biological father of the child.
- The right to cross-examine witnesses at a trial.
- The right to testify about who is the biological father of the child.

Custody issues:

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 about visitation, the father will need to go to court. If you have any questions, please contact an attorney.

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

kMNt'sMKal' ebIG~kcg' VnCMnYybKE"bBtámanenHedayminKit«fÂ sUmsYrG~kkan'sMNUmerOgrbs'G~k É
TUrs&BæTAelx
1-888-468-3787 .

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

ໂປດຊາບ ຖ້າຫາກທ່ານຕ້ອງການ ການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນັກວຽກຊ່ວຍວຽກ ຂອງທ່ານ ຫຼືໂທຫາ ຕາມເລກໂທ 1-888-487-8251.

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.

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

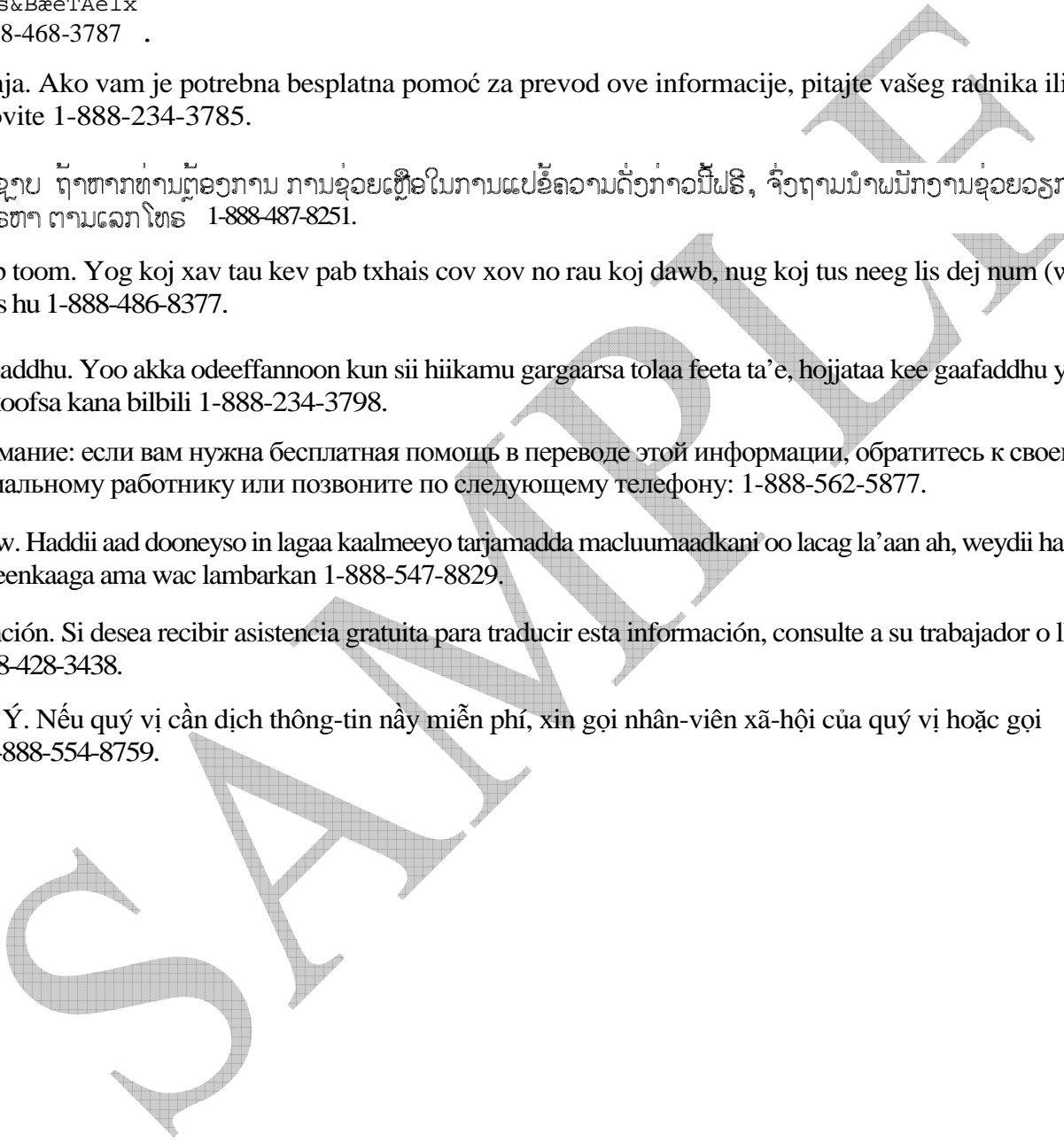
Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa 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.

LB #2 (12-03)



This information is available in other forms to people with disabilities by contacting us at (651) 296-2542 or toll free at (800) 657-3954. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

Minnesota Voluntary Recognition of Parentage

Instructions:

- Fill this out in blue or black ink. Press hard, using a ballpoint pen.
- **Do not cross out words, leave blanks or make corrections in the shaded boxes or your form will be rejected. If you make a mistake, ask for a new form.**
- Both parents must sign and both signatures must be notarized.
- Complete all requested information before signing this form.

Form Completed at:

Hospital _____

State Registrar

State Human Services Office

County Office _____

Other _____

Child's Information: Make sure name and birth information match your child's birth record.

CHILD'S FIRST NAME	MIDDLE NAME	LAST NAME
BIRTH DATE (month/day/year)		PLACE OF BIRTH (city/county/state/country)

If both parents agree, you can change your child's last name from what is on the birth record. If you do not want to change your child's last name from what appears on the birth record, write "SAME" or leave blank.

CHILD'S NEW LAST NAME

Parent's Information: Make sure name and birth information match your child's birth record.

F a t h e r	FIRST NAME	MIDDLE NAME	LAST NAME	BIRTH DATE (mmdd/yy)
	ADDRESS			BIRTHPLACE (state/country if not born in USA)
	CITY	STATE	ZIP CODE	UNDER 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
	EDUCATION LEVEL	HISPANIC/LATINO? (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	RACE (optional) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander/Native Hawaiian	
M o t h e r	FIRST NAME	MIDDLE NAME	LAST NAME	BIRTH DATE (mmdd/yy)
	ADDRESS			BIRTHPLACE (state/country if not born in USA)
	CITY	STATE	ZIP CODE	UNDER 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
	EDUCATION LEVEL	HISPANIC/LATINO? (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	RACE (optional) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander/Native Hawaiian	

Initial to indicate you have read and understand the "Parent's statement," "Waiver of rights," and "Custody issues" sections on the back of this page. Father's initials Mother's initials

I declare that I have examined this form and, to the best of my knowledge and belief, it is a true and correct statement of every material point.

Note: Both parents must sign this form and have their signatures notarized. Parents may sign at different times and in front of different notary publics.

Signature of Father

X _____

Sworn/affirmed to before me this _____ day

of _____, 20__

Notary Public Signature

X _____

My commission expires: _____

Signature of Mother

X _____

Sworn/affirmed to before me this _____ day

of _____, 20__

Notary Public Signature

X _____

My commission expires: _____

Parent's statement:

Under oath, I state that:

- I have been told about the Recognition of Parentage 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 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 visitation to the legal father. However, this Recognition of Parentage gives the father the right to ask the court for custody or visitation.
- I accept responsibility to provide financial support for my child. I understand that financial support 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 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. I understand that this Recognition of Parentage 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 Recognition of Parentage 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 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 the State Registrar within 60 days after I complete this Recognition of Parentage form. If I have not filed a revocation within 60 days and still want to cancel this Recognition of Parentage, I understand that I will need to take legal action to request a change to any of the information in this Recognition of Parentage.
- 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.

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