



**REQUEST FOR A CERTIFIED COPY
OF A RECOGNITION OF PARENTAGE OR DECLARATION OF PARENTAGE OR RELATED FORM**

Part A: To receive a certified copy of the Recognition of Parentage (ROP) or Declaration of Parentage (DOP) or related form, please provide the following information as it occurs on the birth record and ROP or DOP or related form:

ROP INFORMATION	FIRST		MIDDLE		LAST (name on birth record/form)
	BIRTH MONTH	BIRTH DAY	BIRTH YEAR	SEX	CITY & COUNTY OF BIRTH
	MOTHER'S FIRST NAME		MIDDLE NAME		LAST NAME
	FATHER'S FIRST NAME		MIDDLE NAME		LAST NAME

Part B: Please provide the following information about you, the requester

Your Name: (please print)	(First)	(Middle)	(Last)
Your Address:			Daytime Phone
	(City)	(State)	(Zip)

Part C: Check the box and enclose a \$9 fee for a copy of each form requested.

- Recognition of Parentage (ROP) or Declaration of Parentage (DOP) --Please note that the Recognition of Parentage Program began in 1994. For births that occurred before August 1, 1995, parents may have completed a Declaration of Parentage form.
- Husband's Non-Paternity Statement (HNPS)
- Revocation of a Recognition or Declaration of Parentage or Husband's Non-Paternity Statement

Part D: Notarized Signature is Required.

To receive an official copy of a previously completed Recognition of Parentage (ROP), Declaration of Parentage (DOP), a Husband's Non-Paternity Statement (HNPS), or a Revocation of a ROP, DOP, or HNPS, you must check one of the following and have your signature notarized.

- I am the mother of the subject and my name appears on the birth record and ROP or DOP form;
- I am the father of the subject and my name appears on the birth record and ROP or DOP form;
- I am a representative of the Minnesota Department of Human Services and have access to the ROP or DOP form according to Minnesota Statutes, section 144.225, subdivision 2b, for child protection purposes.

Your Signature must be notarized when applying by mail or fax for a copy of ROP, DOP, HNPS, or Revocation form.

Your Signature	Date: / /
Subscribed and sworn before me this ____ day of _____, 20____	
by _____ My commission expires _____	
Notary Public	

Part E. Payment and Mailing

There is a \$9.00 fee for a each certified copy of a ROP, DOP, HNPS, or a Revocation. Make your check or money order payable to the Minnesota Department of Health. Checks returned for nonpayment will be charged a \$30.00 fee according to Minnesota Statutes, section 604.113, subdivision 2 and civil penalties may be imposed for nonpayment. Mail application and payment to: Minnesota Department of Health, Recognition of Parentage Program, Office of the State Registrar, P.O. Box 64882, St. Paul, Minnesota 55164-0882.

If using a Master Card, VISA, American Express, or Discover Card, fax the completed application to: 651-291-0101. There is an additional \$6.00 per order fee if using a credit card.

Card Number: _____

Expiration Date: _____