

Please complete this application to request a certified copy of a Recognition of Parentage (ROP), Declaration of Parentage (DOP), Spouse's Non-parentage Statement (SNPS), or Husband's Non-paternity Statement (HNPS) form, or the respective revocation forms filed with the Office of Vital Records.

It is against the law to provide false information to obtain a certified vital record. You may be subject to fines, jail time or both.

**Birth record information**

First Name	Middle Name	Last Name
Date of Birth (MM/DD/YYYY)	Place of birth	<input type="checkbox"/> Sex Female <input type="checkbox"/> Male State File Number (if known)
Mother/Parent 1 First Name	Middle Name	Maiden Name
Father/Parent 2 First Name	Middle Name	Last Name
Spouse First Name	Middle Name	Last Name

**I want a certified copy of:**

A certified copy is available to the person who signed or is named on the form, or as authorized by law:

- Recognition of Parentage or Declaration of Parentage
- Spouse's Non-parentage Statement or Husband's Non-paternity Statement
- Revocation of a Recognition of Parentage or revocation of a Spouse's Non-parentage Statement

**Requester information**

Name				
Mailing address - street	Apt/unit #	City	State	ZIP
NOTE: United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.	Daytime phone (xxx-xxx-xxxx)	Email address		

**What is your relationship on the paternity form? You must check one below.**

- I signed the Recognition of Parentage, Declaration of Parentage, Spouse's Non-parentage Statement, or Revocation form and my name appears on the form.
- I am the child and my name appears on the birth record and the Recognition of Parentage or Declaration of Parentage form.
- I am a representative of the public authority in Minnesota or any other state responsible for child support and have access to the paternity form for establishing paternity and child support per Minnesota Statutes, section 256.978, subdivision 1a. Complete the information directly below. **(Include a copy of your employee ID).**

Public authority agency / County

Public authority requester signature (Notary NOT required)

**Signature and Notary information**

*I certify that the information provided on this application is accurate and complete to the best of my knowledge.*

*If I am not eligible to receive the certificate I requested, the Minnesota Department of Health (MDH) will contact me. I give MDH permission to apply my payment to a follow up application.*

Requester signature	Notary stamp / seal
Signed or attested before me on: _____ day of _____, 20____	
Notary public signature	My commission expires:

Requester name				
<b>Request and payment information</b>		<b>Request</b>	<b>Fee</b>	<b>Total</b>
Do you want rush <i>processing</i> , <b>OR</b> rush <i>delivery</i> , <b>OR</b> both? Order below				
Certified copy of paternity form sent by First Class Mail®.			\$9 each	
▪ I want rush <i>processing</i> . Sent by First Class Mail® unless I choose rush delivery below.			\$20	
▪ I want rush <i>delivery</i> . (Sent by United Parcel Service (UPS) Next Business Day. Rush delivery requests are processed in the order received unless I choose rush processing above.)			\$16	
<b>For rush delivery</b> , check here <input type="checkbox"/> to require a signature. <b>The Office of Vital Records and UPS are not responsible for deliveries that do not require a signature. UPS will not deliver to PO boxes or APO addresses.</b>				
<b>Fees are payable at the time of application and are non-refundable.</b> <i>Minnesota Statutes, section 144.226.</i>			Amount due:	
<b>Type of payment</b>	<input type="checkbox"/> <b>Credit card</b> (MasterCard/VISA/Discover)  Enter card information below	<input type="checkbox"/> <b>Check</b> Check # _____	<input type="checkbox"/> <b>Money order</b> Money order # _____	
	<b>Payable to Minnesota Department of Health and sent by mail with application</b> Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. <i>Minnesota Statutes, section 604.113, subdivision 2.</i>			
Cardholder name		Card number		
3-digit security code		Expiration date		
If you have <b>questions</b> about how to get a certified copy of a filed Recognition of Parentage or other paternity form, contact <a href="mailto:health.vitalrecords@state.mn.us">health.vitalrecords@state.mn.us</a> or 651-201-5970.				
<b>Send application and payment to the Office of Vital Records:</b>				
<b>Mail application and check, money order or credit card information to:</b>  Minnesota Department of Health Central Cashiering – Vital Records PO BOX 64499 St. Paul, MN 55164-0499		<b>Fax application with credit card information to: 651-201-5740</b>   <b>DO NOT email your application or send cash.</b>		