



## APPLICATION FOR CERTIFIED COPY OF A RECOGNITION OF PARENTAGE OR OTHER PATERNITY FORM

PART I: Birth Record Information		
FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	SEX	CITY & COUNTY OF BIRTH
MOTHER'S FIRST NAME	MIDDLE NAME	MAIDEN NAME
FATHER'S FIRST NAME	MIDDLE NAME	LAST NAME

### PART II: What type of paternity form do you want?

- Recognition of Parentage (1994 to present) or Declaration of Parentage (available to a parent who signed the form)
- Husband's Non-Paternity Statement (available to the husband who signed or the mother named on the form)
- Revocation of a Recognition of Parentage or Husband's Non-Paternity Statement (available to the person who signed or a parent named on the form)

### PART III: Requester Information

NAME (PLEASE PRINT)		
MAILING ADDRESS (Federal Express will not deliver to P.O. boxes or A.P.O addresses)		
CITY	STATE	ZIP
DAYTIME PHONE	EMAIL	

### PART IV: What is your relationship on the paternity form? You must check one.

- I am the mother and my name appears on the birth record and on the Recognition of Parentage, Declaration of Parentage, Husband's Non-Paternity Statement, or Revocation form
- I am the father and my name appears on the Recognition of Parentage, Declaration of Parentage, or Revocation form
- I am the husband and my name appears on the Husband's Non-Paternity Statement or Revocation form
- I am a representative of the Minnesota Department of Human Services and have access to the paternity form according to Minnesota Statutes, section 144.225, subdivision 2b, for child protection purposes **(please include a copy of your employee ID)**
- I am a representative of a public authority in a state other than Minnesota responsible for child support and have access to the paternity form according to Minnesota Statutes, section 256.978, subdivision 1a, for establishing paternity and child support **(please include a copy of your employee ID)**
- I am a representative authorized by a person listed above **(you must submit a notarized statement from a person listed above)**

### PART V: Signature and Notary Information

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

REQUESTER'S SIGNATURE	
Signed or attested before me on: _____ day of _____, 20____	NOTARY STAMP/SEAL
NOTARY PUBLIC SIGNATURE	
MY COMMISSION EXPIRES:	

**PENALTIES:** Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to 1 year in jail or a fine of up to \$3000 or both (Minnesota Statutes, section 144.227 and section 609.02, subdivision 3 and 4).



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REQUESTER'S NAME:

PART VI: Fee and Payment Information

Table with 4 columns: Item, Number requested, Fee per item, Total. Rows include Certified copy of paternity form, Federal Express delivery (optional), and Total amount submitted or to be charged to credit card.

Type of payment: Credit Card Money order Check

If paying by credit card (MasterCard/VISA/Discover): Name on card, Card number, 3 digit security code on back of card, Expiration date

If paying by check or money order (make payable to Minnesota Department of Health): Check/money order number:

Due to high administrative costs, we are unable to issue refunds for overpayment. Checks returned for non-payment will be charged a \$30 fee according to Minnesota Statutes, section 604.113, subdivision 2 and civil penalties may be imposed.

Fax application and credit card information to 651-201-5750

OR

Mail application and credit card information or check/money order to: Minnesota Department of Health Central Cashiering - Vital Records PO Box 64499 St. Paul, MN 55164-0499