DEPARTMENT OF HUMAN SERVICES

Minnesota's Spouse's Non-parentage Statement Revocation Form

Purpose

Signing and filing the Minnesota's Spouse's Non-parentage Statement Revocation Form (DHS-3159E) cancels a signed and filed Minnesota Spouse's Non-parentage Statement (SNPS) (DHS-3159C). The SNPS ended the legal relationship between a presumed parent and child when it and a Minnesota Voluntary Recognition of Parentage (ROP) form (DHS-3159) were filed with the Minnesota Department of Health, Office of Vital Records. Signing and filing this revocation form recreates the legal relationship between a presumed parent and child.

Instructions

If you want to cancel the SNPS that you previously signed, you must sign and file this revocation form within 60 days after the statement was originally signed. Signing this revocation is voluntary. This is a legal document. Signing and filing the revocation cancels a previously signed and filed Recognition of Parentage and the legal father and child relationship it created.

Read all of the form carefully or have someone read it to you. If you do not understand any part of the form, do not sign the form and ask for help. Get answers to your questions before you sign the form.

If you want to cancel the Spouse's Non-Parentage Statement you previously signed and filed and recreate the legal relationship (presumption of paternity) between you and the child:

- Fill out all of the information requested on the revocation
- Use names and information that match the Spouse's Non-Parentage Statement you previously signed and filed
- Ask for a new form if you make a mistake. Do not cross out words or make corrections
- Sign the revocation form before a notary public
- File the revocation with the Minnesota Department of Health, Office of Vital Records within 60 days of the date the Spouse's Non-Parentage Statement was signed.

Fax this completed form to 651-215-5834.

If you are unable to fax this form, mail it to:

Minnesota Department of Health
Office of Vital Records
PO Box 64499
St. Paul, MN 55164-0499

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ያስተውሉ፡ ይህንን ዶኩመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፡ የጉዳዮን ሰራተኛ ይጠይቁ ወይም በሰልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သူဉ်ဟ်သးဘဉ်တက့်. ဖဲနမ့်လိဉ်ဘဉ်တ၊်မၤစၢၤကလီလၢတ၊်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မီတခါအံၤန့ဉ်,သံကွၢ်ဘဉ်ပှၤဂ့ၢ်ဝီအပှၤမၤစၢၤတ၊်လၢနဂီၢ်မ့တမ့်ကိးဘဉ် 1-844-217-3549 တက့်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하ᄉᆡᆸ시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກໍາກັບການຊ່ວຍເຫຼືອ ຂອງທ່ານ ຫຼື ໂທຣໄປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

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

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LB1 (8-16)

ADA Advisory

For accessible formats of this publication, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. (ADA4 [9-15])

Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-3159E-ENG 6-18

Minnesota's Spouse's Non-parentage Statement Revocation Form

REVOKING PERSON FIRST NAME	REVOKING PERSON MIDDLE NAME	REVOKING PERSON LAST NAME

I swear or affirm all of the following:

- I signed a Spouse's Non-parentage Statement (SNPS) form on _____ (MM/DD/YYYY) for:

CHILD'S FIRST NAME	CHILD'S MIDDLE NAME	CHILD'S LAST NAME	DATE OF BIRTH

- I wish to revoke that SNPS. I understand that this revocation cancels my previously signed and filed SNPS and that I am the presumed parent of the child named above.
- The name and address of the mother is:

MOTHER'S FIRST NAME	MOTHER'S MIDDLE NAME	MOTHER'S LAST NAME		
MOTHER'S STREET ADDRESS	CITY		STATE	ZIP CODE

- My address is:

REVOKING PERSON'S STREET ADDRESS	CITY	STATE	ZIP CODE

I understand that the Minnesota Department of Health, Office of Vital Records will send a copy of this revocation to the mother and the man who signed the Minnesota Voluntary Recognition of Parentage form. I understand that if I fail to submit this Revocation form to the Minnesota Department of Health, Office of Vital Records within 60 days of signing the Spouse's Non-Parentage Statement this revocation will not be valid.

SIGNATURE OF REVOKING PERSON

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

AGENCY

Form completed at:

☐ Hospital ☐ MDH ☐ DHS ☐ County

☐ Agency ☐ Other

AGENCY NAME: _____

AGENCY PHONE: _____