DEPARTMENT OF HUMAN SERVICES

Caddaynta Sayga Aan Aabbaha Ahayn ee Minnesota Foomka Ka Noqoshada

Ujeedada

Saxiixidda iyo xaraynta foomka Caddaynta Sayga Aan Aabbaha Ahayn ee Minnesota Foomka Ka Noqoshadu (DHS-3159E) waxa uu burinayaa/tirtirayaa foomka la saxiixay lana xareeyay ee Caddaynta Sayga Aan Aabbaha Ahayn ee Minnesota (Minnesota Husband's Non-paternity Statement – SNPS) (DHS-3159C). Caddaynta Sayga Aan Aabbaha Ahayn (SNPS) waxa ay soo afjaraysaa xiriirka sharci ee u dhexeeyay aabbaha loo aqoonsanyahay iyo canuga markii la sameeyay foomka Aqoonsiga Waalidnimo ee Raaliga Laga Yahay ee Minnesota (Minnesota Voluntary Recognition of Parentage – ROP) (DHS-3159) oo laga xareeyay Waaxda Caafimaadka Minnesota, Xafiiska Diiwaanada Muhiimka ah. Saxiixidda iyo xaraynta foomka ka noqoshadan waxay dib u abuureysaa xiriirkii sharci ee ka dhexeeyey aabbaha loo aqoonsanyahay iyo canuga.

Tilmaamaha

Haddii aad rabto inaad baajiso/kansasho Caddaynta Sayga Aan Aabbaha Ahayn (SNPS) ee aad horey u saxiixday, waa inaad saxiixdo oo aad xareysaa foomkan ka noqoshada muddo 60 maalmood gudahood ah ka dib markii caddayntii hore la saxiixay. Saxiixidda ka noqoshadani waa ikhtiyaari. Tani waa dukuminti sharci ah. Saxiixidda iyo xaraynta ka noqoshadani waxay baajinaysaa/kansalaysaa Aqoonsiga Waalidnimo oo hadda ka hor la saxiixay, waxayna abuureysaa xidhiidhka sharci ee waalidka iyo ilmaha ka dhexeeya

Akhri dhammaan foomka si taxaddar leh ama qof kale ha kuu akhriyo. Haddii aadan fahmin qayb ka mid ah foomka, ha saxiixin foomka oo waydiiso caawimaad. Jawaabo u hel su'aalahaaga ka hor inta aadan saxiixin foomka.

Haddii aad rabto inaad buriso/kansasho Caddaynta Sayga Aan Aabbaha Ahayn ee aad horey u saxiixday ee aad xareeysay oo aad dib u abuurayso xiriirka sharciga ee u dhexeeya adiga iyo ilmaha:

- Buuxi dhammaan macluumaadka la codsaday ee ka noqoshada.
- Isticmaal magacyada iyo macluumaadka waafaqsan Caddaynta Sayga Aan Aabbaha Ahayn ee aad hore u saxiixday oo la xareeyay
- Waydiiso foom cusub haddii aad wax qaldan qorto. Xariijin ha marinin ereyada ama ha six sixin.
- Ku hor saxiix (foomka) ka noqoshada nootaayo dadweynaha.
- Waaxda Caafimaadka ee Minnesota u gudbi foomka ka Noqoshada Waalidnimo, Xafiiska Diiwaanada muhiimka ah 60 maalmood gudahood laga bilaabo taariikhda Caddaynta Sayga Aan Aabbaha Ahayn la saxiixay.

Foomkan la buuxiyay u dir fakiska 651-215-5834.

Haddii aadan awoodin in aad ku dirto foomkan fakiska ku dir boostada:

(Waaxda Caafimaadka ee Minnesota)
(Xafiiska Diiwaanada Muhiimka)
Minnesota Department of Health
Office of Vital Records
P.O. Box 64499
St. Paul, MN 55164-0499

ADA Advisory

Si aad macluumaadkan ugu hesho qaabab kale oo aad isticmaali karto, weydiiso shaqaalaha degmadaada. Wixii ah kaalmo dheeraad ah oo ku saabsan helitaanka loo simanyahay ee adeegyada aadanaha, la xiriir Isuduwaha ADA (Qodobka Maraykanka Naafada ah) ee degmadaada. ADA4 (2-18)

Foomka Tirtir

DEPARTMENT OF HUMAN SERVICES

DHS-3159E-SOM 6-18

Caddaynta Sayga Aan Aabbaha Ahayn ee Minnesota Foomka Ka Noqoshada

MMAGACA HORE EE QOFKA KA NOQONAYA	MAGACA DHEXE EE QOFKA KA NOQONAYA	MAGACA DAMBE EE QOFKA KA NOQONAYA

Waxaan ku dhaaranayaa ama caddaynayaa dhammaan waxyaabaha soo socda:

- Waxaan saxiixay Aqoonsiga Waalidnimo (ROP) taariikhda _____ una saxiixay:
  (BB/MM/SSSS)

MAGACA KOOWAAD EE ILMAHA	MAGACA DHEXE EE ILMAHA	MAGACA DAMBE EE ILMAHA	TAARIIKHDA DHALASHADA

- Waxaan doonayaa in aan ka noqdo Caddaynta Sayga Aan Aabbaha Ahayn (SNPS). Waan fahamsanahay in ka noqoshadani ay burinayso Caddaynta Sayga Aan Aabbaha Ahayn ee aan hadda ka hor saxiixay ee aan xareeyay oo aan ahay aabbaha la aqoonsanyahay ee ilmaha kor ku magacaaban.

- Magaca iyo cinwaanka hooyadu waa:

MAGACA HORE EE HOOYADA	MAGACA DHEXE EE HOOYADA	MAGACA DAMBE EE HOOYADA	
CINWAANKA BOOSTADA	MAGAALADA	GOBOLKA	LAMBARKA BOOSTADA

- Cinwaankaygu waa:

CINWAANKA BOOSTADA QOFKA KA NOQONAYA	MAGAALADA	GOBOLKA	LAMBARKA BOOSTADA

Waxaan fahamsanahay in Waaxda Caafimaadka ee Minnesota, Xafiiska Diiwaanada muhiimka ah u diri doonaan nuqul ka mid ah ka noqoshadan hooyada iyo ninka saxiixay foomka Aqoonsiga Waalidnimo ee Raaliga Laga Yahay ee Minnesota. Waxaan fahamsanahay haddii aan ku guuldaraysto in aan ugu soo gudbiyo Waaxda Caafimaadka ee Minnesota foomkan ka noqoshada, Xafiiska Diiwaanada muhiimka ah 60 cisho gudahood ka dib markii la saxiixay Caddaynta Sayga Aan Aabbaha Ahayn, ka noqoshadani ma noqon doonto mid ansax ah.

SAXIIXA QOFKA KA NOQONAYA (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: _____