

# Application for DNA Parentage Testing

Case #

Please print clearly and complete the information below.  
Please return this form along with payment.

Received

## Mother's Details

Family Name

Address

Given Names

Suburb

State

Postcode

Date of Birth (dd-mm-yy)

Contact number

## Mother's Solicitor's Details

Not applicable for home collections or if NOT legally represented

Name of Solicitor

Name of Firm

Postal Address

Suburb

State

Postcode

Telephone

Facsimile

## Mother's Correspondence

(if different from above)

Address

Suburb

State

Postcode

**The test assumes that no one related to the putative father could be the father.**

**\*\*\*\*\* If this is not the case, YOU MUST NOTIFY US. \*\*\*\*\***

I consent for my sample to be collected and used for paternity evaluation. I hereby verify the accuracy of the above information.

Mother's Signature

Date

## This box is NOT applicable for Home Collection Cases

Please specify your preferred day, time & locality for sample collection. We will do our best to accommodate you.

Mon

Tue

Wed

Thu

11-1pm

2-4pm

Town / Suburb / Locality

Please Note: You must take a passport-size photograph of yourself, and child if applicable, to your appointment. DO NOT send your photographs back with this form. In addition, an Affidavit will be sent to you with your appointment details, and this will need to be signed on the day of your appointment.

## Child One (1) whose parentage is of issue

Family Name

Address

Given Names

Suburb

State

Postcode

Date of Birth (dd-mm-yy)

Contact number (if applicable)

I consent to my child giving a sample for paternity evaluation. I hereby verify the accuracy of the above information.

Signature of Parent/Guardian or Child over 18

Date

## Child Two (2) whose parentage is of issue

Family Name

Address

Given Names

Suburb

State

Postcode

Date of Birth (dd-mm-yy)

Contact number (if applicable)

I consent to my child giving a sample for paternity evaluation. I hereby verify the accuracy of the above information.

Signature of Parent/Guardian or Child over 18

Date

