

# Application for DNA Parentage Testing (Legal)



Please print details clearly, complete the information below and return the form with payment.

  
Case Number (internal use only)

## Alleged Father's Details

  
Family Name  
  
Given Names  
  
Date of Birth (dd-mm-yy)  
  
Address  
    
Suburb/Town State Postcode  
  
Contact Number  
  
Postal Address (if different from above)  
    
Suburb/Town State Postcode

## Mother's Details

  
Family Name  
  
Given Names  
  
Date of Birth (dd-mm-yy)  
  
Address  
    
Suburb/Town State Postcode  
  
Contact Number  
  
Postal Address (if different from above)  
    
Suburb/Town State Postcode

## Alleged Father's Solicitor's Details

  
Name of Solicitor  
  
Company Name  
  
Address  
    
Suburb/Town State Postcode  
   
Telephone Number Facsimile Number

## Mother's Solicitor's Details

  
Name of Solicitor  
  
Company Name  
  
Address  
    
Suburb/Town State Postcode  
   
Telephone Number Facsimile Number

**The test assumes that no one related to the alleged father could be the father. If this is not the case you must notify us.**

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

   
Alleged Father's Signature Date

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

   
Mother's Signature Date

## Collection Instructions

 Monday  Tuesday  Wednesday  Thursday  11am - 2pm  2pm - 4pm  
Preferred Day and time for Collection (tick or circle)  
  
Preferred Location for Collection (Suburb/Town and State)

**Please note you must take a passport sized 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, which must be sworn on the day of your appointment.**

