



Consent to DNA analysis

Name of the person giving consent: _____

I have been informed about the DNA analysis and its purpose.

Yes

No

I consent to having a DNA sample collected from the inside of my cheek and/or the cheek of my dependent child/children under the age of 18.

Yes

No

On behalf of myself and/or my dependent child/children under the age of 18, I consent to having a DNA analysis performed in order to investigate the biological kinship between the persons tested.

Yes

No

Names of my dependent children under the age of 18 on whose behalf I give my consent:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

Place and date

Signature and name of the person giving consent
