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
_________________________________________                   ______________________________________________________