

DL no: _____
(Office use only)



DNA PROFILING REQUEST FORM (LEGAL PROFESSION)

PLEASE COMPLETE ALL RELEVANT SECTIONS (INCLUDING OVERLEAF) IN BLOCK CAPITALS

ALLEGED FATHER

Full name: _____

Address: _____

Contact Number _____

Date Of birth: _____ Racial origin: _____

Afro-Caribbean/Caucasian/Chinese-Asian/Indian-Asian/Other – Please specify

MOTHER

Full name: _____

Address: _____

Contact Number _____

Date Of birth: _____ Racial origin: _____

Afro-Caribbean/Caucasian/Chinese-Asian/Indian-Asian/Other – Please specify

CHILD

Full name: _____

Address: _____

Contact Number _____

Date Of birth: _____ Racial origin: _____

Afro-Caribbean/Caucasian/Chinese-Asian/Indian-Asian/Other – Please specify

CHILD 2

Full name: _____

Address: _____

Contact Number _____

Date Of birth: _____ Racial origin: _____
Afro-Caribbean/Caucasian/Chinese-Asian/Indian-Asian/Other – Please specify

OTHER

Full name: _____

Address: _____

Contact Number _____

Date Of birth: _____ Racial origin: _____
Afro-Caribbean/Caucasian/Chinese-Asian/Indian-Asian/Other – Please specify

TO WHOM SHOULD OUR REPORT BE SENT:

1. _____

2. _____

Note: In the first instance our report will be restricted to the above named persons. Please note, however, that all parties to this case are entitled to retrieve a copy upon written application to Ormond Quay Paternity Services

PLEASE STATE THE NAME, ADDRESS, AND CONTACT PHONE NUMBER OF THE DOCTOR CONDUCTING THE SAMPLE COLLECTION.

PLEASE STATE COURT DATE (IF ANY) (Note: Sampling and subsequent testing will take approximately two (2) weeks)

CAN A CLOSE MALE RELATIVE (e.g. BROTHER) POTENTIALLY BE THE BIOLOGICAL FATHER?

FOR NEW CLIENTS: HOW DID YOU LEARN OF OUR SERVICE(S)?

SOLICITORS CONFIRMATION

I/We have been authorised by the above party/parties to instruct Ormond Quay Paternity Services to carry out DNA analysis in relation to the above named child/children and I/we accept your standard terms and conditions which are incorporated into this contract.

Signed:..... Signed.....