

Legal guardian's identification affidavit and consent **DNA** Diagnostics

For Minor DNA testing

Once sworn, this affidavit is to be presented with the child at the collection centre or sent to DNA Diagnostics directly.
****A sample for testing cannot be collected/processed on a child under 16, in the absence of the legal guardian/s, without this form.****

I, date of birth.....
(full name of applicant)

of.....
(address)

.....
(occupation)

Make oath and affirm

1. I am the above named person
2. I give my consent for DNA testing to be carried out by DNA Diagnostics on:

Full name of the child:

Full name of the other parties to be tested:

3. I give my permission for the result to be released to the alleged father, directly or through a nominated individual, but agree that no result will be released until DNA Diagnostics has been paid in full or received a solicitor's guarantee of payment in full.

4. I confirm that the attached photograph is of myself



.....
Signature of applicant

.....
Signature of person administering the affidavit

Explanatory notes: Please read before affixing photograph

Person swearing this affidavit must provide a recent passport style photograph of themselves showing a full-face view of the head. The photo should be affixed to the form in the designated area.
The photo shall be signed by the person swearing the document and the person administering the affidavit in a manner so that the signatures are written partly on the photograph and partly on the form.

Sworn/Affirmed by: on
(signature of applicant) (date)

Before me:
(full name of person administering the affidavit) (official title: eg Justice of the Peace)

of.....

Signed..... On.....
(Signature of person administering the affidavit) (date)

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