MOTHER'S IDENTIFICATION AFFIDAVIT, AND CONSENT FOR CHILD'S PATERNITY ANALYSIS

Once s	worn, this affida	wit is to be sent to DNA Diagnostics Ltd pric	or to sample collection from the putative father and child.	
I,		l name of applicant)	date of birth:	
of		(address)		
MAKE	E OATH AND A	(occupation)		
1.	Lam the above	e named person.		
2.	I give my consent for parentage testing to be carried out by DNA Diagnostics Ltd.			
۷.	Full name of the child whose parentage is at issue:			
		the putative father with whom the child is to		
	Tun name or	the putative famer with whom the child is to	betested	
3.	I confirm that	the attached photograph is of myself.		
			Explanatory Note:	
attach photo here			1. The person swearing this affidavit must provide a receiphotograph of himself/herself (measuring approximately 45 35mm) showing a full-face view of the head. The photo shabe affixed to the form on the designated area.	х
		(signature of applicant)	2. The photo shall be signed by the person swearing the document and the person before whom the affidavit is sworn is a manner so that the signatures are written partly on the photograph and partly on the form.	in
		(signature of person before whom affidavit is sworn)	·	
SWOR	N BY:			
		(signature of applicant)	(date)	
BEFO!		l name of person before whom affidavit is sw		
of		(address)	,	
Signed:, (signature)		(signature)	on(date)	
STAT		ONSENT: (Alterations not accepted)		
be test release	ed at DNA Dia	gnostics Ltd for the purposes of DNA pate	en from my child/ren, of whom I am the legal guardian, to entity profiling. I give my permission for the result to be his legal representative, but agree that no result will be solicitor's guarantee of payment in full.	
		(signature of mother	(data)	