

# DNA Paternity Test Consent Form

## Personal Information

Name of Alleged Father

Date of Birth

Name of Child

Date of Birth

Name of Mother

Date of Birth

Relationship to Child

## Consent Statement

I hereby give my full consent for DNA sample collection and testing for the purpose of determining the paternity of the above-named child. I understand the nature and purpose of the DNA test and agree to provide my DNA sample voluntarily.

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I have read and understood the above statement.

## Contact Information

Address

Phone Number

Email

# Signature

Signature of Consenting Participant

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Date

Name (Print)

Relationship to Child