

PARENTAGE TESTING PROCEDURE – AFFIDAVIT BY/IN RELATION TO DONOR

NAME OF CHILD WHOSE PARENTAGE IS IN ISSUE:

NAME OF PERSON COMPLETING THIS FORM:
(putative father, mother, adult child or guardian)

RELATIONSHIP TO THE CHILD BEING TESTED:
(putative father, mother, adult child or guardian)

I of
(insert name) (insert address)
and occupation (insert occupation) make oath and say/affirm:

STATEMENT	PART 1 : ADULT To be completed if the person detailed above is giving a sample	PART 1 : ADULT To be completed if the person detailed above is giving a sample	PART 2 : CHILD To be completed by a parent/guardian on behalf of a child (or adult who is not capable of swearing or affirming the affidavit)
Name			
Date of Birth			
I am the person in the photograph attached under Part 1. And/or The child being tested is the person in the photograph attached under Part 2.	Securely attach a passport-sized photograph of adult (<i>mother, putative father or adult child</i>) in this box *Before witnessing, ensure the photograph/s are attached securely and that you BOTH sign over the photograph/s.	Securely attach a passport-sized photograph of adult (<i>mother, putative father or adult child</i>) in this box *Before witnessing, ensure the photograph/s are attached securely and that you BOTH sign over the photograph/s.	Securely attach a passport-sized photograph of child in this box *Before witnessing, ensure the photograph/s are attached securely and that you BOTH sign over the photograph/s.
Racial background			
In last 2 years I and/or child have suffered from leukaemia	YES NO	YES NO	YES NO
In last 2 years I and/or child have received a bone marrow transplant	YES NO	YES NO	YES NO
I and/or child have received blood transfusion within the last 6 months	YES NO	YES NO	YES NO
If YES to any of the above three questions please provide details			

I consent to:

- (a) the taking of bodily samples from me and/or the child on (*insert date of sample collection*)/ / 20... at (*insert place samples are to be taken*) for the purposes of a parentage testing procedure; and
- (b) the carrying out of that procedure on the samples.

SWORN/AFFIRMED at on / / 20....

(Signature of person completing affidavit)

***Before me:**
(Name of person before whom the affidavit is sworn or affirmed) (Signature of person before whom the affidavit is sworn or affirmed)