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LEGAL DNA TEST APPLICATION Lawyer

Please complete this form and email, fax or mail to the location indicated above. A customer service associate will contact the clients directly to arrange appointments for cheek swab collection. The test report will be sent to all legal representatives and to any adult party who is not legally represented.

JESTED BY:			DATE:	
RTIES TO BE TESTED	If client(s) have	previously been tested	with our lab,	please provide case number:
Client #1 Role: ☐ Mothe	· · · · · · · · · · · · · · · · · · ·	er Dother (please spec		<u> </u>
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Address:			Apt.:	Phone:
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Client #2 Role: ☐ Mothe	r 🗆 Child 🗆 Fath	er Dother (please spec	cify):	
Name:				Date of Birth (yyyy/mm/dd):
Address:			Apt.:	Phone:
City:	Prov:	Postal Code:		Email:
Client #3 Role: ☐ Mothe	r 🗆 Child 🗆 Fath	er Dother (please spec	cify):	
Name:				Date of Birth (yyyy/mm/dd):
Address:			Apt.:	Phone:
City:	Prov:	Postal Code:		Email:
Client #4 Role: ☐ Mothe	r 🗆 Child 🗆 Fath	er D Other (please spec	cify):	
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DITIONAL INFORMATION	ON			
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