

# Form 2

## Parentage Testing - Affidavit by/in relation to donor



Part I and II [Subregulation 21 F(1)]

Name of child whose parentage is in issue: \_\_\_\_\_

Name of donor: \_\_\_\_\_  
*name of person completing the form*

What is your relationship to the child being tested: \_\_\_\_\_  
*mother / assumed father / guardian / adult child*

Name of the other party: \_\_\_\_\_

I, \_\_\_\_\_ Telephone: \_\_\_\_\_  
*name*

of \_\_\_\_\_  
*address*

**STATEMENT Make oath and say / affirm (please complete table below).**

	<b>Part I : Adult</b> To be completed by the person providing the sample (ie mother / assumed father or adult child)	<b>Part II : Child</b> To be completed by the mother / guardian on behalf of a child (if under 18 years) or an adult not capable of signing
<b>Photograph</b>	<b>Attachment A1</b> <div style="text-align: center; border: 1px solid gray; width: 150px; height: 150px; margin: 0 auto; background-color: #cccccc;">                         attach photo here                     </div> I, _____ <i>name</i> am the person appearing in the photo being Attachment A1.	<b>Attachment A2</b> <div style="text-align: center; border: 1px solid gray; width: 150px; height: 150px; margin: 0 auto; background-color: #cccccc;">                         attach photo here                     </div> _____ <i>name</i> is the person appearing in the photo being Attachment A2.
<b>Occupation of adult</b>		Not applicable
<b>Date of birth</b>		
<b>Racial background</b> (eg Caucasian/ Aboriginal/Asian etc)		

# Form 2

## Parentage Testing - Affidavit by/in relation to donor



Part I and II [Subregulation 21 F(1)]

	Part I : Adult continued	Part II : Child continued
In last 2 years, I and/or child have suffered from leukaemia.	Yes                  No	Yes                  No
In last 2 years, I and/or child have received a bone marrow transplant.	Yes                  No	Yes                  No
I and/or child have received a transfusion of blood or blood product within the last six months.	Yes                  No	Yes                  No
If yes to any of the above questions, please provide details		

Part I : Adult	Part II : Child
I consent to: (a) the taking of a bodily sample(s)* from me on ____ / ____ / 20__ (insert date sample is to be taken) at _____ _____ _____ (insert place sample is to be taken) for the purpose of a parentage testing procedure(s)*; and (b) the carrying out of the procedure(s)* on the sample(s)*.	I consent to: (a) the taking of a bodily sample(s)* from donor on ____ / ____ / 20__ (insert date sample is to be taken) at _____ _____ _____ (insert place sample is to be taken) for the purpose of a parentage testing procedure(s)*; and (b) the carrying out of the procedure(s)* on the sample(s)*.

\*SWORN / AFFIRMED by the deponent at: \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / 20\_\_

Signature of deponent: \_\_\_\_\_

Before me: \_\_\_\_\_  
*name of person before whom the affidavit is sworn or affirmed*

\_\_\_\_\_  
*signature of person before whom the affidavit is sworn or affirmed*

\*Delete if not applicable.

