

Form 4

Parentage Testing - Collection of bodily samples



Name of child whose Parentage is in issue: _____
insert child's name

1 I, _____
name of sample collector

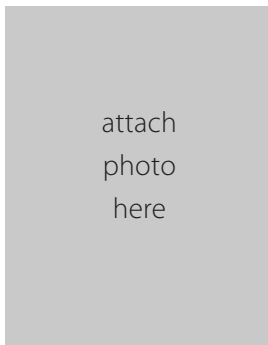
of _____
professional address

Occupation: _____ Telephone: _____

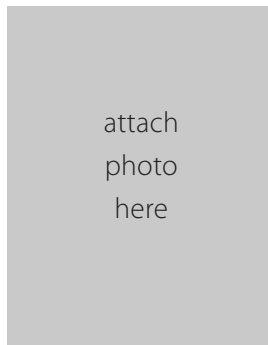
took the bodily sample(s)* specified below at _____ : _____ am/pm* on _____ / _____ / 20 _____

at _____
place of collection

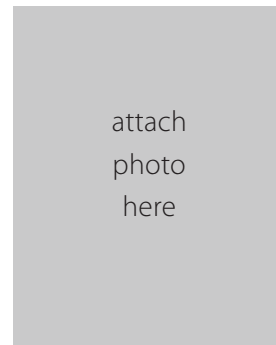
from the following person(s)*:



attach
photo
here



attach
photo
here



attach
photo
here

Name of person

Name of person

Name of person

Date of birth

Date of birth

Date of birth

Type of sample

Type of sample

Type of sample

Identification (if available)

Identification (if available)

Identification (if available)

2 When I took the bodily sample(s)* specified above, I strictly observed the procedures provided under Part IIA of the Family Law Regulations.

3 I placed the bodily sample(s)* specified above in a container that was immediately sealed and then labelled in accordance with regulation 211 of the Family Law Regulations.

Signature: _____ Date: _____ / _____ / 20 _____

**Delete if not applicable*