



Accredited paternity test additional child form

Lead body/contracting party:

Contact name:

Your case reference:

Court Order reference (if relevant/available):

LAA certificate number (if relevant/available):

Our case reference number (to be assigned by dadcheckgold):

Date (document completed and sent to dadcheckgold):

Child's details (Child 2, Child 3, Child 4 etc.)*
Full name:
Date of Birth:
Swab number (assigned by dadcheckgold):
Racial origin: Caucasian, Black, Asian, Other (please specify):

Person with Parental Responsibility (PR) for Child 2, Child 3, Child 4 etc.*
Full name:
Relationship to the child**:
Telephone contact of person with PR:
e-mail contact of person with PR:
Is an ICO in place? If so please add reference:
Address for DNA testing kit to be sent/collection venue (if we are collecting for you):

* Please circle as appropriate and complete additional forms for Child 3, Child 4 etc.

** e.g. mother, local authority or specified other; The person with Parental Responsibility must be able to give appropriate qualifying consent to the DNA test within the meaning of the Human Tissue Act 2004.

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