

## DNA IMMIGRATION REQUEST FORM

Please complete this form and return to Orchid Cellmark by mail or fax. Please legibly print all information.  
All parties will be contacted by one of our representatives to set up specimen collection appointments.

**TYPE OF TEST** (Please circle appropriate choice(s): **MATERNITY / PATERNITY / OTHER:**

**CASE #**

OTHER CONTACTS			
ATTORNEY (if applicable)		2 <sup>nd</sup> LOCAL CONTACT (e.g. translator or friend), if applicable	
Name		Name	
Firm		Address	
Address		City/State/Zip	
Phone #	Fax #	Phone #	
EMBASSY / CONSULATE / USCIS			
<b>***PLEASE ATTACH A COPY OF THE LETTER FROM THE EMBASSY OR USCIS REQUESTING DNA TESTING***</b>			
Name and address of Embassy/USCIS office processing your file:		Government Agency File #:	
PARTIES TO BE TESTED Please Print Last Name in Capital Letters		DATE OF BIRTH (day/month/year)	GENDER (M/F)
		LOCATION: <u>L</u> ocal or <u>O</u> verseas	
(Alleged) Mother:			
(Alleged) Father:			
Child #1:			
Child #2:			
Child #3:			
Other:			
CLIENT ADDRESSES			
OVERSEAS		LOCAL	
Name		Name	
Address		Address	
		City/State/Zip	
Phone #		Phone #	
Name		Name	
Address		Address	
		City/State/Zip	
Phone #		Phone #	