

DNA IMMIGRATION TEST APPLICATION

Please complete this form and return to Orchid Cellmark by mail or fax along with payment. 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): **MATERNITY / PATERNITY / OTHER:** **CASE #**

PARTIES TO BE TESTED Please Print Last Name in Capital Letters		DATE OF BIRTH (day/month/year)	GENDER (M/F)	LOCATION: Local or Overseas
(Alleged) Mother:				
(Alleged) Father:				
Child #1:				
Child #2:				
Child #3:				
Other:				

CLIENT ADDRESSES

OVERSEAS	LOCAL
Name	Name
Address	Address
	City/State/Zip
Phone #	Phone #

OTHER CONTACTS

ATTORNEY (if applicable)	2 nd LOCAL CONTACT (e.g. Translator or Friend) if applicable
Name	Name
Firm	Address
Address	City/State/Zip
Phone # Fax #	Phone #

EMBASSY /CONSULATE/USCIS

*****PLEASE ATTACH A COPY OF THE LETTER FROM THE EMBASSY OR USCIS REQUESTING DNA TESTING*****

Name and address of Embassy/USCIS office processing your file:	Government Agency File #:
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PAYMENT INFORMATION

	Orchid Office Use Only
<ul style="list-style-type: none"> The cost to test an (alleged) mother, child and (alleged) father is \$525.00 if all parties are living in the US. The cost for each additional person tested at the same time is: \$175.00 The cost to test an (alleged) mother, child and (alleged) father is \$725.00 if one or more party is living outside the US. The cost for each additional person tested at the same time is: \$250.00 Kinship testing (i.e. cases which involve the determination of a relationship other than paternity or maternity) will be priced at the base price (for first 2 parties plus one mother) plus a \$300 surcharge Overseas sample collection charges are not included in the above pricing. This fee differs from country to country and must be paid by the parties whose samples are being collected abroad. 	Base (\$525 or \$725): _____ Extra Person(s): _____ Kinship Surcharge: _____ Total : _____ 1st Installment:: _____ (Minimum \$200) 2 nd Installment:: _____
<input type="checkbox"/> \$ is included (Please send cashier's check, money order or Attorney's trust check) <input type="checkbox"/> \$ may be charged to my Visa, MasterCard, Discover Card	
Card #: _____ Expiration Date: _____	
Name of Card Holder: _____	
Signature (Cardholder): _____	
Address of Cardholder if different than person receiving results:	