

# Form 2 – Parentage Testing Procedure

Affidavit by/in relation to donor (sub regulation 21f (1))

**This Form 2 document must be witnessed by one of the following authorised people on the day of sample collection only:**

- Justice of the Peace in your state
- Legal Practitioner holding a current practising certificate
- A person authorised to administer an oath under section 26 of the Oaths Act 1900
- Notary Public

1. Name of child whose parentage is in issue: child's name

2. If donor is not the child whose parentage is in issue, insert relationship of donor to child: eg mother, possible father

3. Date sample is to be taken:     /    /    

### Details of person being tested

First Name/s: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth:     /    /     Sex:  Male  Female

Racial background: \_\_\_\_\_

In the last 2 years, the donor has suffered from leukaemia:  Yes  No

In the last 2 years, the donor received a bone marrow transplant:  Yes  No

In the last 6 months, the donor has received a transfusion of blood or blood product:  Yes  No

If yes to any of the above three questions please provide details: \_\_\_\_\_

Attachment 'A'

Staple or glue photo with full face view here  
Mark photo with 'A' in pen

photograph of donor

### Adult donor to complete

I name

of address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

and my occupation is: \_\_\_\_\_

\_\_\_\_\_ affirm:

- I am the person appearing in the photograph attached to this affidavit, being Attachment 'A'.
- I consent to the taking of bodily samples from me on date     /    /     at place sample is to be taken: \_\_\_\_\_

for the purposes of parentage testing procedures; and the carrying out of those procedures on the samples.

This statement affirmed by me today:     /    /    

at current location: \_\_\_\_\_

**Signature of donor:** \_\_\_\_\_

### Completed by legal carer or parent of donor under 18

I name

of address: \_\_\_\_\_

\_\_\_\_\_

and my occupation is: \_\_\_\_\_ affirm:

I am the state relationship

of name of child donor

who was born on     /    /     and I affirm:

- name of child donor is the person appearing in the photograph attached to this affidavit, being Attachment 'A'.
- I consent to the taking of bodily samples from the donor on date     /    /     at place sample is to be taken: \_\_\_\_\_

for the purposes of parentage testing procedures; and the carrying out of those procedures on the samples.

This statement affirmed by me today:     /    /    

at current location: \_\_\_\_\_

**Signature of carer:** \_\_\_\_\_

*or*

### Witness

The photograph attached and marked 'A' is a true likeness of the above specified person being tested. This form has been filled in before me, and has been affirmed by the person completing it.

**Full name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:**     /    /     **Registration (if applicable):** \_\_\_\_\_