



**1.877.873.5465**  
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 Fax: 336.855.6585  
 youridentitysolutions.com

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

{The above contact person is authorized to speak with Identity Solutions regarding this case.}

Mail Original Report To: \_\_\_\_\_

Mail Copy To: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**{LIST THE NAMES OF THE PARTIES BEING TESTED ONLY}**

Mother's Full Name: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Alleged Father's Full Name: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_

Additional Alleged Father's Full Name: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_

Legal Guardian of the Child(ren): Name: \_\_\_\_\_

[Requested cities for sample collection] **SAMPLE COLLECTION APPOINTMENTS ( ) TOGETHE ( ) SEPARATE**

Mother/Child(ren): City \_\_\_\_\_ State: \_\_\_\_\_ Alleged Father: City: \_\_\_\_\_ State: \_\_\_\_\_

**TYPE OF TESTING REQUIRED \*PRICE INCLUDES MOST COLLECTION FEES AT COLLECTION SITE\***

**Standard Paternity Test:** [mother, child, alleged father] additional parties at \$150.00 **\$399.00/trio** \_\_\_\_\_

**Two Party Case:** [child and one alleged parent] additional parties at \$150.00/person **\$399.00/duo** \_\_\_\_\_

(If legal results are not necessary 2 options are available. These results are not accepted in court cases)

**Self Collection** [mother, child, alleged father] additional parties at \$150.00/person **\$240.00/trio** \_\_\_\_\_

**Two Party Self Collection** [child & one alleged parent] additional parties \$150.00/person **\$240.00/duo** \_\_\_\_\_

**\*PRICE INCLUDES MOST COLLECTION FEES AT COLLECTION SITE\***

Additional testing services such as family studies, deceased party or forensic (criminal or non-criminal) please inquire

**PAYMENT ENCLOSED \*PREPAYMENT REQUIRED FOR SCHEDULING / RETURN WITH APPLICATION \***

Attorney's Trust Account Check ( ) Money Order / Cashier's Check ( ) Master Card/Visa Card / Discover Card ( )

Credit Card Number: \_\_\_\_\_ 3 Digit Verification Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I hereby give permission to Identity Solutions to bill the credit card listed above for the following amount: \$ \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Card holders mailing address:** \_\_\_\_\_ **Telephone:(\_\_\_\_)** \_\_\_\_\_

Personalized DNA Services

**WE DO NOT ACCEPT PERSONAL CHECKS.**