

Genetrack US Immigration DNA Testing Application Form

Complete this form and submit it to our laboratory by **fax at 1-888-655-8877** or by **email at immigration@genetrackus.com**. Please also remember include a copy of the documentation/letter provided to you by the Embassy or USCIS requesting DNA testing. **Once our laboratory receives your completed application, we will contact you directly to make arrangements for testing. Once all samples are received, testing is completed within 3 to 5 business days. One copy of the official results will be sent to you (the client) and one copy of the official results will be sent directly to the Consulate/Embassy requesting the DNA test.**

What type of DNA test do you require? Check ALL that apply:

- DNA Paternity Test** (to confirm whether a man is the true biological father of a child)
- DNA Maternity Test** (to confirm whether a woman is the true biological mother of a child)
- DNA Sibling Test** (to determine the likelihood that two or more individuals are full siblings, half siblings, or not related)
- DNA Aunt Test** (to determine the likelihood that a woman is the true biological aunt of a child)
- DNA Uncle Test** (to determine the likelihood that a man is the true biological uncle of a child)
- DNA Cousin Test** (to determine the likelihood that two or more individuals are cousins)
- DNA Grandmother Test** (to determine the likelihood that a woman is the true biological grandmother of a child)
- DNA Grandfather Test** (to determine the likelihood that a man is the true biological grandfather of a child)
- Other** (please specify): _____

Individuals to be Tested:

How many people need to be tested? (please indicate total number of people): _____

Please list the names of all individuals who will be tested and indicate their current location (whether they will be tested in the US or overseas)

Individual #1

Full Legal Name: _____ Relationship: _____

Date of Birth: _____ Current Location (USA or foreign country): _____

Mailing Address: _____

Contact Phone #: _____ Contact Email: _____

Individual #2

Full Legal Name: _____ Relationship: _____

Date of Birth: _____ Current Location (USA or foreign country): _____

Mailing Address: _____

Contact Phone #: _____ Contact Email: _____

Individual #3 (if applicable)

Full Legal Name: _____ Relationship: _____

Date of Birth: _____ Current Location (USA or foreign country): _____

Mailing Address: _____

Contact Phone #: _____ Contact Email: _____

Individual #4 (if applicable)

Full Legal Name: _____ Relationship: _____

Date of Birth: _____ Current Location (USA or foreign country): _____

Mailing Address: _____

Contact Phone #: _____ Contact Email: _____

Individual #5 (if applicable)

Full Legal Name: _____ Relationship: _____

Date of Birth: _____ Current Location (USA or foreign country): _____

Mailing Address: _____

Contact Phone #: _____ Contact Email: _____

Individual #6 (if applicable)

Full Legal Name: _____ Relationship: _____

Date of Birth: _____ Current Location (USA or foreign country): _____

Mailing Address: _____

Contact Phone #: _____ Contact Email: _____

Individual #7 (if applicable)

Full Legal Name: _____ Relationship: _____

Date of Birth: _____ Current Location (USA or foreign country): _____

Mailing Address: _____

Contact Phone #: _____ Contact Email: _____

Who is the requesting Agency?

Check One: USCIS Embassy Other (please specify) _____

Embassy /Consulate Name:

Address: _____

City: _____ Country: _____

Postal/Zip Code: _____ Phone: _____

Fax (if available): _____ Email (if available): _____

Contact Name (if applicable): _____

Payment Information (select one):

- Visa
- Mastercard
- American Express

Card Number: _____ Expiration Date: _____

CVC #: _____ Name on Card: _____

FAX COMPLETED FORM & SUPPORTING DOCUMENTS TO 1-888-655-8877 OR EMAIL TO immigration@genetrackus.com