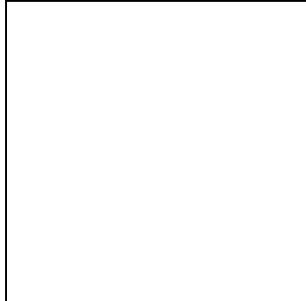


Applicant's request form for genetic testing

Field for digital/polaroid photograph



Personal details

Last name :
First name(s) :
Address :
ZIP code :
City :
Date of birth :
Sex : m/f (delete whichever is inappropriate)
Nationality :

No. of the file at the diplomatic or consular representation or at the Immigration Service (if number is known)

Identity and/or residence card :

No. of the identity document :

I hereby declare that I am willing to undergo a blood test with a view to proving my relationship with

Mr -----

Mrs -----

the children-----

(specify the type of relationship between the persons tested).

I have signed the digital/polaroid photographs that have been taken of myself and I have apposed my name on them.

The digital/polaroid photographs have been annexed to this form in my presence.

I authorise the competent laboratory to carry out the genetic test and to transmit the results to the Immigration Service. The laboratory shall keep my genotype and the test results as a precaution should additional testing be needed.

I authorise the Immigration Service to use the results only for the purpose of the current family reunification procedure.

I certify that all data provided on the first page are true.

I take due note that the cost for blood sample collection and transport of the samples from this country to the Genetic Fingerprint Laboratory of Hospital Erasme shall have to be borne by myself and that the corresponding payment shall have to be made to the diplomatic or consular representation. The cost for blood sample collection in Belgium shall be borne by the sponsor.

As regards minors under 12 years, the information above shall be confirmed and signed by the legal representative of the child or the alleged parent with parental responsibility.

As regards minors aged 12 to 18 years, the information above shall be confirmed and signed by the legal representative or the alleged parent with parental responsibility as well as by themselves.

Remarks

Date

Signature of the person tested

Signature of the legal representative