

Order form - DNA-test of mother and child(ren) before application of a National Identity Number. Use one form per family.

Complete billing address and application site must be filled out.

List of participants	Surname	First name	Date of birth

Comments:

Billing address:

Name:

Billing Address:

E-mail:

Telephone:

Specify where (city) the mother and child(ren) will be sampled and the application submitted:

Norwegian embassy/consulate or police station:

Please fill in this form, save it and send it as an attachment to rettsgenetikk@ous-hf.no

Your invoice will be sent to your e-mail within short time. The e-mail will also contain one or several test numbers (reference numbers). These test numbers will have to be presented when you meet at the Embassy/Consulate or police station.