

## Immigration DNA Information Form

### Petitioner information

**Test Type:**  Paternity  Maternity  Siblingship  Other \_\_\_\_\_

Name \_\_\_\_\_ Location: USA Other: \_\_\_\_\_

Relationship to beneficiary:  Mother  Father  Son  Daughter  Sister  Brother

Date of birth: \_\_\_\_\_  Male  Female

Ethnicity:  Asian  Caucasian  Black  Hispanic  Other \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

### Beneficiary Information

Name \_\_\_\_\_ Case # \_\_\_\_\_

Relationship to petitioner:  Mother  Father  Son  Daughter  Sister  Brother

Date of birth: \_\_\_\_\_  Male  Female Location: USA Other: \_\_\_\_\_

Ethnicity:  Asian  Caucasian  Black  Hispanic  Other \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

### Beneficiary Information

Name \_\_\_\_\_ Case # \_\_\_\_\_

Relationship to petitioner:  Mother  Father  Son  Daughter  Sister  Brother

Date of birth: \_\_\_\_\_  Male  Female Location: USA Other: \_\_\_\_\_

Ethnicity:  Asian  Caucasian  Black  Hispanic  Other \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

### Beneficiary Information

Name \_\_\_\_\_ Case # \_\_\_\_\_

Relationship to petitioner:  Mother  Father  Son  Daughter  Sister  Brother

Date of birth: \_\_\_\_\_  Male  Female Location: USA Other: \_\_\_\_\_

Ethnicity:  Asian  Caucasian  Black  Hispanic  Other \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

**Destination for results:** \_\_\_\_\_