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WWW.WYNDHAMFORENSIC.CA
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wyndham forensic group inc.
analysis & support

RELATIONSHIP DNA TEST SUBMISSION FORM

Please complete this form and email, fax or mail to the contact indicated above.
A customer service associate will arrange any necessary appointments .Please note, shaded areas are for WFG use only.

Submission date:	Submitter Name:	Submitter Telephone:	Submitter Email:

Agency (eg: Embassy, Consulate or CIC Office)	Agency File #	WFG #:

DNA TEST REQUIRED:

☐Paternity ☐Maternity ☐Sibling ☐ Half Sibling ☐Other: _____

DONOR #1 INFORMATION

Last Name:	First:	Middle:	Gender: ☐ Male ☐Female	Passport #:

Role:

☐Father ☐ Mother ☐ Child ☐Other (please specify) _____

Birth date: (yyyy/mm/dd)	Street Address:			
P.O. box:	**City:**	**Province:**	**Country:**	**Postal Code:**
Email Address:	**Additional Information:**			**Telephone no.:** ( )

WFG use only:	Item # :	Date:	Processed by:

Comments:

DONOR #2 INFORMATION

Last Name:	First:	Middle:	Gender: ☐ Male ☐Female	Passport #:

Role:

☐Father ☐ Mother ☐ Child ☐Other (please specify) _____

Birth date: (yyyy/mm/dd)	Street Address:			
P.O. box:	**City:**	**Province:**	**Country:**	**Postal Code:**
Email Address:	**Additional Information:**			**Telephone no.:** ( )

WFG use only:	Item # :	Date:	Processed by:

Comments:

Important: By submitting items to Wfg for testing, you agree to the Terms of Service for Testing. These terms may be accessed at www.wyndhamforensic.ca

DONOR #3 INFORMATION

Last Name:	First:	Middle:	Gender: ☐ Male ☐ Female	Passport #:

Role:

☐ Father ☐ Mother ☐ Child ☐ Other (please specify) _____

Birth date: (yyyy/mm/dd)	Street Address:			
P.O. box:	City:	Province:	Country:	Postal Code:
Email Address:	Additional Information:			Telephone no.: ( )
WFG use only:	Item # :	Date:	Processed by:	

Comments:

DONOR #4 INFORMATION

(PLEASE USE A SECOND FORM IF ADDITIONAL DONORS)

Last Name:	First:	Middle:	Gender: ☐ Male ☐ Female	Passport #:

Role:

☐ Father ☐ Mother ☐ Child ☐ Other (please specify) _____

Birth date: (yyyy/mm/dd)	Street Address:			
P.O. box:	City:	Province:	Country:	Postal Code:
Email Address:	Additional Information:			Telephone no.: ( )
WFG use only:	Item # :	Date:	Processed by:	

Comments:

REPORT RECIPIENT/S (IF DIFFERENT FROM SUBMITTER):

Name:	Email:
Name:	Email:

PAYMENT INFORMATION:

☐ Certified cheque or money order payable to **Wyndham Forensic Group.**
☐ Wire transfer (Must include CIC File # and Wfg file#)
☐ Transfer by email to admin@wyndhamforensic.ca (Must include CIC File # and Wfg file #)
☐ Pay with credit card – through Wfg issued Invoice

*** An administrative fee will apply if this case is cancelled at any time prior to testing.**

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