204-128 WOOLWICH ST.,
GUELPH ON N1H 3V2 CANADA
T 519.822.9344 | F 519.822.9350
WWW.WYNDHAMFORENSIC.CA
INFO@WYNDHAMFORENSIC.CA

wyndham forensic group inc.
analysis and 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 File #:**

DNA TEST REQUIRED:

☐Paternity ☐Maternity ☐Sibling ☐ Half Sibling ☐Other: ____________________

DONOR #1 INFORMATION

First Name:	**Middle Name:**	**Last Name:**	**Sex:** ☐ Male ☐ Female

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 #:**	

Wfg use only:	**Item # :**	**Date:**	**Processed by:**
Comments:			

DONOR #2 INFORMATION

First Name:	**Middle Name:**	**Last Name:**	**Sex:** ☐ Male ☐ Female

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 #:**	

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				
First Name:	Middle Name:	Last Name:		Sex: ☐ Male ☐ Female
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 #:
Wfg use only:	Item # :	Date:	Processed by:	
Comments:				

DONOR #4 INFORMATION (PLEASE USE A SECOND FORM IF THERE ARE ADDITIONAL DONORS)				
First Name:	Middle Name:	Last Name:		Sex: ☐ Male ☐ Female
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 #:
Wfg use only:	Item # :	Date:	Processed by:	
Comments:				

THE SUBMITTER AUTHORIZES WFG TO SEND A COPY OF THE REPORT TO: REPORT RECIPIENT(S)	
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.**

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