

Name / Address of applicant:

Date:

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Institute for Forensic Medicine
Medical Faculty of the Technical University of Dresden
Fetscherstr. 74
01307 Dresden

Request for an out-of-court DNA report (saliva sample) to prove

Paternity

Family relation: Please informally state names, addresses and assumed familyrelation in detail on a separate sheet and collect the signatures of all involved parties.

I herewith request the above-mentioned report on descent in connection with:

Person 1

Name: born on:

Address:

Person 2

Name: born on:

Address:

Person 3

Name: born on:

Address:

Person 4

Name: born on:

Address:

Person 5

Name: born on:

Address:

The costs of the report shall be borne in full by the applicant. All parties involved shall receive a copy of the report (right to information towards the ordering party according to §1598a, paragraph 4 of the German Civil Code).

If minors are involved, the written consent of all custodians is required. In the case of sole custody, a certificate of custody must be provided prior to the preparation of the report!

Approval of report preparation:

Signatures of all other parties or custodians:

Person 1

.....

Person 2

.....

Person 3

.....

Person 4

.....

Person 5

.....

Sorgerecht

Hiermit erklären wir/erkläre ich, dass wir/ich Frau..... und Herr.....das Sorgerecht/alleinige Sorgerecht für das o.g. Kind bzw. die o.g. Kinder haben/habe.

Sampling shall take place:

at the above-mentioned institute

Please call for an appointment for saliva sampling.

at the public health department*

at the GP's/paediatrician's *

Adress:

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* Please find out in advance that sampling is possible at the GP's. You will be informed about the appointments for sampling by separate mail. If possible, please bring a current photo when you go to the public health department or your general practitioner for sampling.