

Consent Form to Collect the DNA Sample / Fingerprint (10 fingers and palm)

Write at.....

Date.....Month.....Year.....

1. Personal Data Name.....Surname.....Age.....

Nationality.....Race.....Religion.....

Birthdate.....Month.....Year.....Birthplace.....

ID card No. □-□□□□-□□□□□□-□□-□

Passport No. □□□□□□□□□□□□

Person certificate (if no ID card and Passport).....

Marital status  Single Married  Widowed  Other.....

Spouse's name (if) ..... Surname .....

No. of children .....

Father's name.....Surname .....

Mother's name.....Surname .....

Address Building..... Room No. .... Floor.....

House No..... Village No..... Alley ..... Road.....Sub-district/Sub-area .....

District/Area..... Province .....Postcode ..... Telephone No. .... Mobile No.

.....

Occupation  Government official/State enterprise employee  Student

Agriculturalist

Self employed

Other .....

2. Identification

Height .....cm. Weight .....Kg Skin color:Dark Brown  Fair  Other.....

Scar  Tattoo  Mold  Other..... Area.....

I hereby certify that all the statements as above are true and give permit collecting DNA sample/ Fingerprint (10 fingers and palm). There is absolutely no compulsion or coercion

Signature

Consent Person

(.....)

Signature

Collector

(.....)