RÄTTSMEDICINALVERKET
NATIONAL BOARD OF FORENSIC MEDICINE

Phone: +46 10 483 43 00 - Fax: +46 10 483 41 99
E-mail: faderskap@rmv.se

CONSENT FORM

Date

The investigation shall begin once consent forms have been received from all participants. Custodians give consent for minors.

Please send this consent form to:

Rättsmedicinalverket
Avdelningen för rättsgenetik och rättskemi
Box 1383
581 13 LINKÖPING
SWEDEN

Consent to participate in the investigation ordered by

First name(s)	Surname	
Address	Post code	City

PARTICIPATION

Date _____

Kinship investigation

I hereby give my consent to participate in the investigation
I give my consent for all participants in this investigation to take part of the report

First name(s)	Surname	Personal identification no. Date of birth
Address	Phone	Mobile phone
Post code / City	E-mail	

Signature of the client

Signature	Place and date
	Name in block capitals