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Letter of attorney from guardians

(Name and birthdate or personal identity number of the child/children)

will take part in a forensic genetics investigation together with (name and personal identity number)

I/we hereby give my/our permission for my/our underage child/children to take part in the forensic genetics investigation.

Signatures of mutual guardians, N.B if joint custody of the child/children, both parents have to sign the form.

Place and date

Guardian (clarification of signature)

Guardian (clarification of signature)

Send the completed form to:

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