



# RÄTTSMEDICINALVERKET

NATIONAL BOARD OF FORENSIC MEDICINE

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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

First name(s)	Surname	Date of birth
Address	Phone	Mobile phone
Post code	City	E-mail

### Signature of the client

Signature	Place and date
	Name in block capitals