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Ocean, NJ 07712



(888) 440-4362 (Toll Free)
(732) 695-9552 (Telephone)
(732) 695-0554 (Fax)
www.idna-systems.com

Private Paternity/Kinship Test Request

Account Name: _____

(Person authorized to speak with IDNA Systems about the case)

Address: _____

City: _____ State: _____ Zip: _____

Telephone 1 _____ Telephone 2: _____

Email: _____

What kind of test are you requesting?

- Paternity (3 individuals)
- Motherless paternity (Mother absent or not participating)
- Sibling (2 or more individuals)
- Half Sibling (2 or more individuals)
- Kinship (aunt, uncle, niece, nephew) (2 or more individuals)

How many individuals will be tested? _____

Total amount due (US Dollars) _____

See price list on the web site for current prices.

If you are enclosing a deposit of \$100, the balance is due with the return of the samples to **IDNA** Systems.

Total Enclosed: \$ _____ (use Fee Schedule to calculate total)

Money order Cashier's Check Attorney's Check No personal checks.
Credit Card VISA Mastercard American Express Discover

Name on Card: _____

Card Number: _____ Card ID: _____
(Visa/MC = three numbers on back of card; American Express = four printed numbers on front of card on the right)

Expiration Date on Card MM/YYYY: _____ / _____
Month Year

Signature of Cardholder: _____

Billing Address: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Please read the consent form before ordering.

Check here if you agree with the terms

We will send the kits, instructions and registration form to you as soon as we receive your deposit or full payment. Feel free to call if you have any questions.