

Andergene Labs



Immigration Information Form

Country of Origin: _____

PETITIONER: (full name) _____

Date of Birth: _____

Address _____

email: _____ Telephone: _____

(for FedEx tracking number notification).

BENEFICIARY(s). List information for the first beneficiary below. If additional beneficiaries will be tested, please fill out a second form.

(1) Full Name: _____

Date of Birth: _____

(2) Full Name: _____

Date of Birth: _____

Address: _____

Telephone: (home) _____ (cell) _____

RELATIONSHIP _____

TYPE OF DNA TEST ORDERED: (Sibling, Paternity, Maternity, etc.) _____

IMMIGRATION CASE # _____