

**CONSENT AND AUTHORIZATION
FOR COMPARISON OF GENETIC SAMPLES**

I _____ of _____, do hereby consent
(full name) (City and State)

to and authorize the comparison of the test results of my genetic samples on record at the location listed below to that of the (check one) mother alleged father and _____, for
(name of child)

determining the parentage of the above-named minor child.

Location with genetic samples:

Name of Location		
Address		
City	State	ZIP Code

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the _____ day of _____, _____, at _____.
(Date) (Month) (Year) (City and State or Country)

Printed Name

Signature