OSLO UNIVERSITY HOSPITAL
Department of Forensic Sciences

Section of Forensic Genetic Kinship and Identity
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NORSK AKKREDITERING TEST 049

DNA test of mother and child(ren) before applying for a National Identity Number

Relation	**Surname**	**First name**	**Date of birth**
Mother			
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			
Other *(describe)*			

Specify the city where the mother and child(ren) will be sampled and where the application will be submitted. *Mandatory*

Norwegian embassy, consulate or police station:

Comments:

Billing address *Mandatory*

Name:

Address:

Postal code: City:

E-mail: Phone:

Please fill in this form, save it, and send it as an attachment to rettsgenetikk@ous-hf.no.

Your invoice will be sent to your email shortly. The email will also include one or more test numbers (reference numbers). You must present these numbers when you attend your appointment at the embassy, consulate, or police station