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Manchester, NH
03103



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F: 877-785-7535
info@bostonpaternity.com

IMMIGRATION DNA TESTING APPLICATION

Please complete this form and return to Boston Paternity by mail or fax.

An Immigration Case Manager will contact the petitioner to schedule a DNA collection appointment.

BP CASE #: _____ **TYPE OF TEST:** MATERNITY PATERNITY OTHER

PETITIONER (Please Print)

Name:

Date of Birth:

Address:

City:

State:

Zip:

Country:

Phone:

E-mail:

BENEFICIARY (Please Print)

Name:

Relationship:

Date of Birth:

Address:

City:

State:

Zip:

Country:

Phone:

Case Number:

BENEFICIARY 2 (Please Print)

Name:

Relationship:

Date of Birth:

Address:

City:

State:

Zip:

Country:

Phone:

Case Number:

BENEFICIARY 3 (Please Print)

Name:

Relationship:

Date of Birth:

Address:

City:

State:

Zip:

Country:

Phone:

Case Number:

➡ PLEASE ATTACH A COPY OF THE LETTER FROM THE EMBASSY OR USCIS ⬅