

Authorization Letter for Paternity Test

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Testing Facility/Clinic Name] to conduct a paternity test that includes my DNA sample and the DNA sample of [Child's Name]. This authorization is for personal records and to establish the biological relationship between myself and the aforementioned child.

I understand that the DNA samples will be collected in accordance with standard procedures, and the results will be communicated to me privately.

For verification purposes, please find my details below:

- **Name:** [Your Full Name]
- **Address:** [Your Address]
- **Phone Number:** [Your Phone Number]
- **Email:** [Your Email Address]

Signature: _____

Name: [Your Name]