

## CONSENT FOR PATERNITY TESTING

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to your local Employment and Assistance Office.

I, \_\_\_\_\_  
consent to the taking of any blood, tissue and saliva samples of myself or my child  
which may be necessary for medical testing to determine the paternity of my child.  
I have read the foregoing and consent to this matter freely and voluntarily.

WITNESS:

SIGNED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

DATE (YYYY MMM DD)

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