



**METROPOLIS HEALTHCARE LTD.**

**DECLARATION OF PATERNITY TEST**

To

Metropolis Healthcare Ltd,

Myself \_\_\_\_\_, the undersigned is giving my consent to do DNA

Paternity test of my child \_\_\_\_\_ with Mr. \_\_\_\_\_.

For this I am ready to do the mentioned test as of my own decision.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_