BEACON
SPECIMEN COLLECTION SERVICES
Guiding You to Accurate Results

ID-101

IMMIGRATION DNA CLIENT INFORMATION FORM

Please complete this form accurately. This information is required to process your immigration DNA testing and ensure proper documentation for your case.

IMMIGRATION DOCUMENTS SERIES

PROFESSIONAL. CONFIDENTIAL. ACCURATE. TRUSTED.
Compassionate service you can count on.

Secure & Confidential | Accredited Laboratories | Compassionate Service | Mobile & Convenient

1. CLIENT INFORMATION

Full Legal Name (First, Middle, Last): _____

Date of Birth (MM/DD/YYYY): _____

Phone Number: _____

Email Address: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Country (if not USA): _____

2. IMMIGRATION CASE INFORMATION

USCIS Case Number (if available): _____

Embassy / Consulate Involved: _____

Country of Processing: _____

Petition Type (e.g., I-130, I-360, I-751, etc.): _____

Beneficiary Name (Person in the U.S.): _____

Relationship of Beneficiary to Petitioner: _____

Petitioner Name (U.S. Citizen or LPR): _____

3. RELATIONSHIP BEING TESTED

- ☐ Parent / Child
- ☐ Siblings
- ☐ Grandparent / Grandchild
- ☐ Aunt / Uncle / Niece / Nephew
- ☐ Other: _____

Please specify relationship being tested.

4. OVERSEAS RELATIVE INFORMATION

Full Legal Name: _____

Date of Birth (MM/DD/YYYY): _____

Country of Residence: _____

Phone / WhatsApp: _____

Email Address: _____

Mailing Address (if different from above): _____

City: _____ State/Province: _____

ZIP / Postal Code: _____ Country: _____

5. COLLECTION INFORMATION (To be completed by Beacon Collector)

Government ID Verified:	Type of ID:	ID Number:	Photo Taken:	Collection Date:	Collection Time:	Collected By:
☐ Yes ☐ No			☐ Yes ☐ No	____/____/____ (MM DD YYYY)	____ AM / PM	

All parties provided identification: ☐ Yes ☐ No If No, explain: _____

6. CLIENT ACKNOWLEDGMENTS (Please initial each statement)

_____ I understand that DNA testing is used to determine a biological relationship and DOES NOT guarantee immigration approval.

_____ I understand that the results of this test will be used only for the purpose of immigration and legal documentation.

_____ I understand that Beacon Specimen Collection Services collects samples and provides them to an accredited laboratory for testing.

_____ I understand that results will be provided according to the requirements of the laboratory and the immigration authority.

_____ I understand that valid photo identification is required for all individuals being tested.

_____ I certify that the information provided on this form is true and accurate to the best of my knowledge.

Client Signature: _____ Date: _____

7. BEACON USE ONLY

Laboratory: _____

Kit Number: _____

Tracking Number: _____

Date Shipped: ____/____/____ (MM DD YYYY)

Results Received: ____/____/____ (MM DD YYYY)

Case Notes: _____

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