

TIME OF BIRTH REQUESTS

Dear Applicant,

Thank you for your enquiry regarding accessing Time of Birth information through Freedom of Information (FOI).

The Royal Women's Hospital has a record of all babies born dating back to 1856.

Labour Ward Registers and Birth Registers were used to record information on newborn babies. The information that was recorded is limited to time of birth, birth weight and length at birth. These details have been recorded for **1888 until 1904** and **1/3/1924 to present time**.

You can apply for your own time of birth and birth mothers can apply for their child(s) time of birth. If you wish to request someone else's time of birth information, their consent is required.

There is a standard application fee of \$24.40 and a search fee of \$20.00 involved in providing your time of birth information. Please complete the credit card section of the attached form or attach a cheque payable to Royal Women's Hospital

In certain circumstances, the application fee may be waived on the grounds of hardship, for example if you hold a Commonwealth Health Care Card. Please provide a copy of your Health Care Card/Pension Card with your application to have the fee waived.

Please complete the form provided and send it with the application fee/photocopy of Health Care/Pension Card and authorised consent form (if applicable) to:

Freedom of Information Clerk
Health Records and Information
The Royal Women's Hospital
Locked Bag 300
Parkville Vic 3052

If you have any queries, please do not hesitate to contact **8345 2610**

Yours sincerely,

Freedom of Information Clerk
Health Records and Information
Royal Women's Hospital

Ph: 8345 2610 Fax: 8345 2623
E-mail: rwh.foi@thewomens.org.au



THE ROYAL WOMEN'S HOSPITAL, MELBOURNE

TIME OF BIRTH REQUESTS

APPLICANT'S DETAILS:

Title: Surname: Given Name:

Relationship to baby: (i.e. self/parent)
(If you are requesting for someone else's time of birth information, please complete the authorised consent form and provide a photocopy of personal identification of the consenting person.)

Address:

Suburb/Town: State/Territory: Postcode:

Telephone: (H)..... (B)..... (M)

PATIENT DETAILS:

Full name of biological mother:

Maiden name of biological mother:

Delivery date/Date of Birth:

PLEASE NOTE: There is an application fee of \$24.40 and a search fee of \$20.00 per request.

Cheques are to be made payable to: The Royal Women's Hospital

(Photocopy of applicant's Health Care/Pension Card must be provided for waiving of fee.)

Signature:

Date:

Health Records and Information – TOB charge

For Payment by Credit Card:

Visa MasterCard
 Bankcard

Please charge my credit card - Amount: \$.....

Card Number: ____/____/____/____ Expiry Date: _____

Cardholder name: _____

Signature: _____



THE ROYAL WOMEN'S HOSPITAL, MELBOURNE

TIME OF BIRTH REQUESTS

FREEDOM OF INFORMATION ACT 1982

**AUTHORISED CONSENT TO RELEASE TIME OF BIRTH
(To be completed only when requesting someone else's Time of Birth)**

Dear Freedom of Information Officer

I, of (address)

.....
.....

(Ph:)

hereby authorise and request you to supply

to of (address)

.....

.....pursuant to the provisions of the Freedom of Information Act 1982, information in your possession relating to my birth at the Royal Women's Hospital including:

- Date and Time of Birth
- Birth Weight
- Length at Birth

PLEASE NOTE: SIGNED CONSENT FORM AND A PHOTOCOPY OF PERSONAL IDENTIFICATION (i.e. DRIVER'S LICENCE, PASSPORT OR KEYPASS) IS REQUIRED PRIOR TO RELEASING INFORMATION.

Signature:

Date of Birth:

Dated: