

**TIME OF BIRTH REQUEST FORM**

Thank you for your enquiry regarding accessing Time of Birth information. Bendigo Health has a record of *most* babies born, dating back to 1935. Please submit your completed request form to [foi@bendigohealth.org.au](mailto:foi@bendigohealth.org.au)

APPLICANT'S DETAILS			
<b>Surname</b>		<b>Given Name(s)</b>	
<b>Street Address</b>			
<b>Suburb/Town</b>		<b>Postcode</b>	
<b>Date of Birth</b>		<b>Relationship to baby: ie. Self/parent</b>	
<b>Phone</b>		<b>UR No. (if known)</b>	
<b>Email address</b>			
BIOLOGICAL MOTHER'S DETAILS			
<b>Surname</b>		<b>Maiden Name</b>	
<b>Given Name(s)</b>		<b>Date of Birth</b>	
BABY'S DETAILS			
<b>Surname</b>		<b>Maiden Name</b>	
<b>Given Name(s)</b>		<b>Date of Birth</b>	
AUTHORITY TO ACCESS INFORMATION			
<p><b>Request for Information relating to <u>another Individual</u></b></p> <p>You can apply for your own time of birth and a birth mother can apply for their child(s) time of birth – please skip to the next section.</p> <p>However, if you wish to request someone else's time of birth information, their consent is required. Please complete this section:</p> <p>I, .....</p> <p>Of</p> <p>(address).....</p> <p>(phone) ..... hereby authorise and request you to supply to</p> <p>.....</p> <p>of</p> <p>(address).....</p> <p>pursuant to the provisions of the Freedom of Information Act 1982, information in your possession relating to my birth at Bendigo Health including date &amp; time of birth, birth weight and length at birth (if applicable).</p> <p style="text-align: center;">Signed authority:.....</p> <p style="text-align: center;">Date: .....</p> <p><input type="checkbox"/>  Photocopy of Personal ID with Signature (ie. Drivers Licence, Passport)</p>			



CHECKLIST	SEND REQUEST FORM TO:
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete TOB Application form</li> <li><input type="checkbox"/> Include Applicant's Photo Identification that clearly shows your signature (ie. Copy of passport or Driver's Licence)</li> <li><input type="checkbox"/> Signed authority if request is not for self or mother of child, with Photo Identification that clearly shows their signature (ie. Copy of passport or Driver's Licence)</li> </ul>	<p><b>Email:</b> <a href="mailto:foi@bendigohealth.org.au">foi@bendigohealth.org.au</a></p> <p><b>Mail:</b> Freedom of Information Unit Bendigo Health PO Box 126 Bendigo VIC 3552</p>

**Office Use Only**

Request completed by: \_\_\_\_\_

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

Database updated by: \_\_\_\_\_

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

