

# TIME OF BIRTH REQUEST

Freedom of Information



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			
Surname		Given Name(s)	
Street Address			
Suburb/Town		Postcode	
Date of Birth		Relationship to baby: ie. Self/parent	
Phone		UR No. (if known)	
Email address			
BIOLOGICAL MOTHER'S DETAILS			
Surname		Maiden Name	
Given Name(s)		Date of Birth	
BABY'S DETAILS			
Surname		Maiden Name	
Given Name(s)		Date of Birth	

## Request for Information relating to another Individual

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.

However, if you wish to request someone else's time of birth information, their consent is required. Please complete this section:

I, .....

Of

(address).....

(phone) .....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 Bendigo Health including date & time of birth, birth weight and length at birth (if applicable).

Signed authority:.....

Date: .....

-  Photocopy of Personal ID with Signature (ie. Drivers Licence, Passport)

#### CHECKLIST

- Complete TOB Application form
- Include Applicant's Photo Identification that clearly shows your signature (ie. Copy of passport or Driver's Licence)
- 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)

**Mail: Freedom of Information Unit  
Bendigo Health  
PO Box 126  
Bendigo VIC 3552**

**Email: [foi@bendigohealth.org.au](mailto:foi@bendigohealth.org.au)**