



TIME OF BIRTH REQUEST FORM

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

Bendigo Health has a record of most babies born, dating back to 1935. As the Birth Registers are incomplete, please email our office at foi@bendigohealth.org.au to ensure we have the records you are seeking prior to submitting your application. You may also receive additional information if it is present in the Register.

There is a standard application fee of \$30.10. Please complete the credit card section of this form or attach a cheque made payable to **Bendigo Health**.

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																					
FEES AND CHARGES																							
Application Fee: A \$30.10 fee (non-refundable) must accompany this form before the processing of this request can begin. For waiver of the application fee, provide a copy of your valid Health Care Card or Pension Card or other evidence of hardship.																							
PAYMENT																							
Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Other (specify) _____																						
	Credit Card Number: <table border="1" style="width:100%; text-align:center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								-						-								
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	Cardholder name: _____		Expiry Date: __/__/__																				
Signature: _____		Amount: \$30.10																					
Applicant's Signature:			Date:																				



AUTHORITY TO ACCESS INFORMATION

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 \$30.10 Application fee (or evidence of hardship)
- 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)

SEND REQUEST FORM TO:

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

Email: foi@bendigohealth.org.au

Office Use Only

Request completed by: _____ Date: _____

Database updated by: _____ Date: _____