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.

Please provide a copy of your birth certificate with your application. There is also an application fee of $28.40 and a search fee of $21.30 involved in providing your time of birth information. Please complete the credit card section of the attached form or attach a cheque payable to The Royal Women's Hospital.

To apply, please complete the form provided and send it with the application fee 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: foi@thewomens.org.au

Fees listed valid for applications received 1/7/2017 – 30/6/2018
APPLICATION’S DETAILS:
Title: ……… Surname: ………………………………………… Given Name: ……………………………
Date of Birth: …………………………… Relationship to baby: (i.e. self/parent) ……………………………
(If you are requesting someone else’s time of birth information, please complete the authorised consent form & provide a certified photocopy of personal identification of the consenting person)
Address: ………………………………………………………………………………………………………
Suburb/Town: ……………………………….. State/Territory: ……… Postcode: …………………
Telephone:…………………………….. (Email).……………………………..

PATIENT DETAILS:
Full name of biological mother: …………………………………………………………………………..
Maiden name of biological mother: ………………………………………………………………………...
Date of Birth: ………………………………………………………………………………………………..

PLEASE NOTE: There is an application fee of $28.40 and a search fee of $21.30 per request.
Cheques are to be made payable to: The Royal Women's Hospital

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: ________________________________

Fees listed valid for applications received 1/7/2017 – 30/6/2018
Dear Freedom of Information Officer

I, ……………………………………………………………………………………………… of (address)
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………………………………..
(Ph:) …………………………………………………………………………………………………………

hereby authorise and request you to supply

to …………………………………………………………………………………………… of (address)
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…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 CERTIFIED PHOTOCOPY OF PERSONAL IDENTIFICATION (i.e. DRIVER’S LICENCE, PASSPORT OR KEYPASS) IS REQUIRED PRIOR TO RELEASING INFORMATION.

Signature: …………………………………………………………………………………………………..

Date of Birth: ……………………………………………………………………………………………

Dated: ……………………………………………………………………………………………………