

**TIME OF BIRTH REQUESTS**  
1/7/2018 – 30/6/2019

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.

**NOTE: Please include a certified photocopy of:**

- 1. Personal photographic identification (i.e. Driver's Licence or Passport);**
- 2. Birth Certificate;**
- 3. Evidence of change to surname (if applicable) due to marriage etc. such as a marriage certificate.**

There is also an application fee of \$28.90 and a search fee of \$21.70 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, certified photocopies listed above 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](mailto:foi@thewomens.org.au)



THE ROYAL WOMEN'S HOSPITAL - MELBOURNE

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APPLICANT'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 \$28.90 and a search fee of \$21.70 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:

Form with checkboxes for Visa, MasterCard, and Bankcard

Please charge my credit card - Amount: \$ 50.60

Card Number: Expiry Date:

Cardholder name:

Signature:



THE ROYAL WOMEN'S HOSPITAL - MELBOURNE

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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 CERTIFIED PHOTOCOPY OF PERSONAL IDENTIFICATION (i.e. DRIVER'S LICENCE, PASSPORT OR KEYPASS) IS REQUIRED PRIOR TO RELEASING INFORMATION.

Signature: .....

Date of Birth: .....

Dated: .....