Eastern Health

# ADOPTION MEDICAL RECORDS APPLICATION

UR Number: _____

Surname: _____

Given Name: _____

Date of Birth: _____/_____/_____ Sex: M / F

Affix Hospital ID Label If Available

FEH274600G

FOI APPLICATION EH 274600

| Applicant Details | | | |
|---|---|---|---|
| Surname: | | | |
| Given Names(s): | | | |
| Date of Birth: | / / | | |
| Relationship to Baby: | Self ☐ Birth Mother ☐ Other ☐ | | |
| Address: | | | |
| Mobile Number: | | Home Phone: | |
| Email Address: | | | |
| Applicant Signature: | | Date: / / | |
| Photo Identification Provided: | Driver's Licence ☐ Passport ☐ Other ☐ | | |
| **Birth Mother Details** | | | |
| Birth Mother's Surname (*at time of birth*): | | Given Name(s): | |
| Birth Mother's Given Name(s) (*at time of birth*): | | | |
| Birth Mother's Maiden Name(s) (*if known*): | | Phone (Other): | |
| Birth Mother's Date of Birth: | / / | Baby's Date of Birth: | / / |
| Photo Identification of Birth Mother or Baby (*as adult):* | Same as Applicant ☐ Driver's Licence ☐ Passport ☐<br>Other ☐ _____ | | |
| **Hospital Details** | | | |
| | Box Hill Hospital ☐ Angliss Hospital ☐ | | |

**FOI Application Completion Checklist**

*Please return completed application form to the FOI Service at Eastern Health via:*

Email: foi@easternhealth.org.au (*preferred option*)

Postal Address: EH Freedom of Information Service
Health Information Services
Maroondah Hospital
PO BOX 135
Ringwood East VIC 3135

Fax: (03) 9871 - 1653