

**Quinte Health**  
**Proof of Birth Request Form**

Date: \_\_\_\_\_

Name of Person Requesting Information: (Legal next of kin of child or child themselves if over the age of sixteen) \_\_\_\_\_

Proof of Birth for: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Name / Alternate Name (s): \_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Pick up: \_\_\_\_\_ or Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Please provide identification i.e. Copy of picture ID. According to Hospital policy, a fee of \$25.00 is charged for Proof of Birth. Please make your cheque or money order payable to 'Quinte Health'. Please anticipate one week for response.

Please submit the completed form and payment to:

Health Records Department

Quinte Health

265 Dundas Street East

Belleville, ON

K8N 5A9

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_