

Quinte Health
Time of Birth Request Form

Date: _____

Name of Person Requesting Information: _____

Time of Birth for: _____

Date of Birth: _____

Mother's Name / Alternate Name (s): _____

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 \$100.00 is charged for Time 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: _____