



Health
Northern Sydney
Local Health District

FAMILY NAME MRN

GIVEN NAME MALE FEMALE

Facility: COM HKH MAC MAN MV RNS RYD

D.O.B. DD / MM / YYYY M.O.

**APPLICATION FOR ACCESS TO
INFORMATION UNDER THE
NSW ADOPTION ACT**

ADDRESS

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

MEDICO-LEGAL SECTION, HEALTH INFORMATION SERVICES

Hornsby Ku-ring-gai HIS
Palmerston Rd, Hornsby NSW 2077
Ph 9477 9123 Fax 9485 6020

Macquarie HIS
PO Box 169, North Ryde, NSW 1690
Building 27, Wicks Rd,
North Ryde NSW 2113
Ph 9887 5713 Fax 9887 5720

Mona Vale HIS
PO Box 81, Mona Vale NSW 1660
Level 2, 18 Coronation St,
Mona Vale NSW 2103
Ph 9998 0269 Fax 9998 0517

RNSH HIS
Level 2, Building 29, Reserve Rd
St Leonards NSW 2065
Ph 9462 9777 Fax 9462 9055

Manly HIS
PO Box 465, Manly NSW 1655
Main Building, 150 Darley Rd,
Manly NSW 1655
Ph 9976 9713 Fax 9976 9783

Queenscliff HIS
PO Box 605, Brookvale NSW 2100
Cnr Palm Ave & Lakeside Cres,
North Manly NSW 2100
Ph 9466 2523 Fax 9466 2524

Ryde HIS
Building 5, Denistone Rd,
Eastwood, NSW 2122
Ph 9858 7595 Fax 9858 7634

DETAILS OF APPLICANT

Title: Surname: Given names/s:

Previous names used: Male Female

DOB: DD / MM / YYYY

You are the: Birth Mother Birth Father Adopted Child Sibling of Adoptive Child
 Birth Sibling of Adopted Child Adoptive Mother Adoptive Father

Address:

Postcode: Phone (H): Work/Mobile:

Applicant's Signature: Date: DD / MM / YYYY

DETAILS OF REQUEST

Hospital where child was born: Royal North Shore Mater Maternity Hornsby Manly
 Mona Vale Ryde

Adoptee's Date of Birth:

Birth Mother's Surname: Birth Mother's Given Names:

Details of Information/Documents required:

IDENTIFICATION / DOCUMENTS REQUIRED FOR APPLICANTS

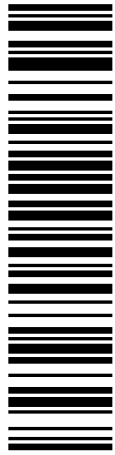
- Supply Authority (available for a fee from the Adoption Information Unit – Community Services)
- Amended Birth Certificate
- Original Birth Certificate (stating with 'Issued under Adoption Act') or Adoption Order (this verifies birth mother's name)
- Marriage certificate if applicable (this verifies change in name)

FEE, LODGEMENT AND PROCESSING

A fee of \$33.00 (inc GST) is required to process this application.
Please forward payment (cheque or money order) with this form and two forms of ID (one with photo) to the relevant Health Service listed above.

PLEASE NOTE: If you require information from more than one Health Service you must make a separate application to each Service.

We aim to process your request within 28 days.



MLD11074A

Holes punched as per AS2828-1999
BINDING MARGIN – NO WRITING

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SEP13