

KANSAS HISTORICAL SOCIETY
Library/Archives Division
6425 SW 6th Avenue
Topeka, KS 66615-1099 (785) 272-8681

Request For Information Regarding Deceased State Hospital Patient Files

I hereby request information from the Kansas Historical Society's state archives holdings of state hospital patient files regarding:

Patient's Name: _____

Patient's DOB: _____

Hospital Name: _____

City Hospital Located In: _____

Year Admitted: _____

Patient's DOD: _____

I declare that my relationship to the deceased is: _____ .

I understand there is a reference service fee of \$15.00 that must be submitted with this request and will not be refunded even if there is no record on file at the Kansas Historical Society. An invoice statement for photocopy and postage and handling fees may be included with any material sent.

State archives holdings are incomplete. For early patients, 1872-1954, there are registers for all the state hospitals that list only the most basic information. Topeka State Hospital microfilmed patient files from the beginning to the 1960s although the complete file was not always filmed. The quality of the microfilm is poor and the copies reproduced are often difficult to read. Patient files have been purged to some extent from the 1980s to the present. The records custodian is allowed by statute to release limited information but is specifically prohibited from releasing the diagnosis.

I understand that to process my request for information, I must submit this Request for Information Form and reference service fee of \$15.00.

Date: _____

Signature: _____

Print or Type Name: _____

Complete Address: _____

Mail to the attention of **State Hospital Requests**.

For office use only:

Date Received: _____

Date Sent: _____