

**KANSAS HISTORICAL SOCIETY**  
**State Archives & Library Division**  
**6425 SW 6th Avenue**  
**Topeka, KS 66615-1099 (785) 272-8681 x117**

**Request For Information Regarding Deceased State Hospital Patient Files**

I hereby request information from the State Archives holdings for a patient named:

\_\_\_\_\_ . Other surname(s)?: \_\_\_\_\_ .

who was admitted to \_\_\_\_\_ and who died on \_\_\_\_\_ .

I declare that my relationship to the deceased is: \_\_\_\_\_ .

I understand that there is a reference service fee of \$20 for Kansas residents/\$25.00 for out-of-state requests, and payment must be submitted with this form.

**Please note:**

State archives holdings are not complete. For early patients, 1872-1954, there are registers for all the state hospitals that list only names and dates. The only patient files at the archives are from the Topeka State Hospital and date up to circa 1960. The quality of the microfilm is very poor and copies can be difficult to read. Sometimes the complete file was not filmed. Patient files have been purged to some extent from the 1980s to the present. Kansas Statute 65-5603 restricts the information that is open to relatives and specifically prohibits releasing the diagnosis. The only information staff can release from these files is "the name, date of birth, date of death, name of any next of kin and place of residence of a deceased former patient when that information is sought as part of a genealogical study".

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

Print or Type Name: \_\_\_\_\_

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

\_\_\_\_\_

Email or phone number: \_\_\_\_\_

**For office use only:**

Date Received: \_\_\_\_\_ Check no. \_\_\_\_\_ Date Sent: \_\_\_\_\_