

Please submit to:
KANSAS HISTORICAL SOCIETY
State Archives Division
Reference Department
6425 SW 6th Avenue
Topeka, KS 66615-1099 (785) 272-8681 ext. 117

Request For Information Regarding A Deceased State Hospital Patient

This is a request for information from the Kansas State Archives for patient records. Please read the entire form and provide as much of this information as possible:

Patient's Name: _____

Date of Birth: _____

Hospital Name: _____

Year Admitted: _____

Year Discharged: _____

Patient's Date of Death: _____

My relationship to the patient is: _____

Kansas Statutes, Chapter 65, article 56, section 3, paragraph 14, specifies the information that can be released to a patient's relatives: "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." The Archives is **specifically prohibited from releasing a patient's medical records and diagnosis**.

The State Hospital records are incomplete. For early patients, 1872-1954, there are admission registers for all state hospitals that list only basic information. Topeka State Hospital microfilmed patient files from the 1870s to the 1960s, although the files are not always complete. The quality of the microfilm is poor and the copies can be difficult to read. Patient files from the 1980s to the present were mostly destroyed.

A \$25.00 reference fee must be submitted with this request. It applies even if the staff cannot find any patient records. You will be invoiced for any photocopy and/or postage and handling fees that apply later. If you would like to use a credit card, please call the number at the top of the page.

Your Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Signature: _____

Date: _____

For staff use:

Date Received: _____

Date Sent: _____