



KANSAS HISTORICAL SOCIETY
State Archives & Library
6425 SW 6th Avenue
Topeka, KS 66615-1099 (785) 272-8681
Reference@kshs.org

Request For Information Regarding Solider Home Records

I hereby request information from the Kansas Historical Society's state archives holdings of Solider Home records:

Name: _____

DOB: _____

Home Name: _____

Year Admitted: _____

Year Discharged: _____

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** (if not made in person) 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 may be incomplete. The state archives is allowed, by state and federal statutes, to release information from these records, but **is specifically prohibited from releasing medical information.**

Print or Type Name: _____

Complete Address: _____

Phone Number: _____

Email Address: _____

Signature: _____

Date: _____

Mail to the attention of the **Reference Section.**