

Mental Health Records Request Form

I, _____, request information from mental health records in the
(Please Print)
custody of the Ohio Historical Society and I have represented myself to the reference staff
of the Ohio Historical Society as the closest living relative to the deceased patient,

_____, of _____ who was a resident at
(Please Print Patient's Name) (County or City of Residence)

_____, during the time period of _____.
(Institution) (Dates)

The patient's birth and death dates are _____.
(Dates)

My relationship to the deceased patient is _____.
(Relationship)

Signature: _____.

Address: _____.
_____.

Telephone Number: _____.

E-mail: _____.