

**State Archives Correctional Institution (Prison) Record Research Request Form**  
(usually ships within 30 days)

**Correctional Institution/Prison Name:** \_\_\_\_\_

**Name on record:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Date of death:** \_\_\_\_\_

**Admission date (if known)** \_\_\_\_\_ **Parole/Discharge date (if known)** \_\_\_\_\_

**My purpose in using these records is:**

\_\_\_\_\_ Family history, genealogy.  
\_\_\_\_\_ My relationship to that person is: \_\_\_\_\_

\_\_\_\_\_ To see private information about myself.

\_\_\_\_\_ Attorney or other authorized representative of another party. Evidence of authorization may be required.

**My name:** \_\_\_\_\_

**My address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Daytime phone:** ( ) \_\_\_\_\_ **Email address:** \_\_\_\_\_

**FAX:** ( ) \_\_\_\_\_ **MHS member number** (10% discount): \_\_\_\_\_

**FEES:**

\_\_\_\_\_ \$40.00 for MN residents

\_\_\_\_\_ \$50.00 for non-MN residents

**Payment:**

\_\_\_\_\_ **Check** (made payable to: Minnesota Historical Society)

\_\_\_\_\_ **VISA** \_\_\_\_\_ **MasterCard** \_\_\_\_\_ **Am. Express** \_\_\_\_\_ **Discover**

**Card number** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Signature of cardholder:** \_\_\_\_\_

-----MHS Use Only-----

Proof of death attached \_\_\_\_\_ Proof of identity attached \_\_\_\_\_

MHS staff approval \_\_\_\_\_