

ARCHDIOCESE OF CHICAGO

Joseph Cardinal Bernardin
Archives & Records Center
711 West Monroe
Chicago, Illinois 60661
(312) 534-4400
Fax (312) 831-0610



School Records (312) 534-4440
Sacramental Records (312) 534-4410
Archival Services (312) 534-4420
Secretary (312) 534-4450
Researchers (312) 534-4420

REQUEST FOR RELEASE OF ORPHANAGE RECORDS

Name of Client: _____ Date of Birth: _____

Name of Orphanage: _____

Please send information to:

(Name)

(Address)

(City, State, Zip)

List any relevant information concerning your placement and stay at the orphanage. (Use additional paper if necessary.) The following information is specifically requested to verify client's identity:

Parents/Sibling's Names: _____

Dates of Attendance at Orphanage: _____

Additional Information: (optional) _____

Please list any records you are specifically requesting (medical, grades, intake information, visitor's logs, etc.). Not every orphanage kept every kind of record listed above – documents may vary. Requests for genealogical purposes may not include all information.

The consent given by signature on the reverse is valid for one year unless otherwise specified. The consent may be revoked at any time except to the extent that action has been taken by the Archdiocese of Chicago's Joseph Cardinal Bernardin Archives and Records Center on the request. I understand that I have a right to inspect this material prior to its disclosure to any third party.

Under provisions of the **Illinois Mental Health and Developmental Disabilities Confidentiality Act and related Federal statutes**, redisclosure of information released pursuant to this consent is prohibited unless the individual who consents to this disclosure specifically consents to further disclosure.

Signed: _____ Date: _____
 (Authorized recipient of file, legal guardian, or named client.)

 (Name)

 (Address)

 (City, State, Zip) _____
 (Phone)

Relationship to the client: _____

If the requester is an authorized recipient, a notary should verify the identity of the requesting individual. If the requester is requesting genealogical information, a notary does not need to verify the requesting individual, but the requester must include a copy of his photo ID with this form.

Subscribed and sworn before me on this _____ day of _____
 19____.

My Commission expires on _____.

 NOTARY PUBLIC (SEAL)

FOR OFFICE USE ONLY:

ID Type: _____ Number: _____

 ID Type: _____ Number: _____

Date Request Received: _____ **By:** _____

Search Fee Amount Paid: YES NO CASH MONEY ORDER

Number of Copies: _____ **Amount:** _____ **Bill Sent:** _____

Copy Payment Received: YES NO CASH MONEY ORDER

Records Sent: _____ **Via:** MAIL EXPRESS MAIL PICK UP

Comments:

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ORPHANAGE RECORDS RELEASE POLICY

The following policy has been adopted by the Archdiocese of Chicago's Joseph Cardinal Bernardin Archives and Records Center, with regard to the release of records and information from orphanage files in its custody. This policy is designed to protect the privacy of the clients and the confidentiality of the records.

AUTHORIZED RECIPIENTS OF ORPHAN RECORDS (copies of documents from original files - \$10.00 non-refundable fee):

1. the client of the orphanage;
2. the parents or legal guardian of the client, if the client has been adjudicated to be under legal disability;
3. other parties as designated in writing by persons (1) and (2) above;
4. other parties as designated or permitted by court order, subpoena, summons, or State or Federal statute;
5. deceased client's next of kin (proof of death and proof of relation required – see General Policy 10).

GENEALOGICAL ACCESS TO ORPHAN RECORDS (summary information for genealogical purposes only - \$20.00 non-refundable fee):

Genealogical information from orphanage records may be requested if the client was released before January 1, 1926. Original records will not be provided, only a summary document that may include client's name, address, parents' names, intake and release information, age/date of birth, and parish.

WRITTEN REQUESTS MUST INCLUDE THE FOLLOWING INFORMATION:

- a. name of institution attended;
- b. client's date of birth;
- c. years of attendance;
- d. name of client at time of attendance (maiden or previous name);
- e. name, address, and phone number of the person making the request;
- f. address to which records should be sent;
- g. type or nature of the records or information needed (transcripts, health record, admission & discharge summary etc.) and number of copies.

- h. notarized signature of the authorized recipient of the file (see 1-5 above).
- i. photo ID of the requester, if requesting for genealogical purposes only and notarized signature is not required/provided.

GENERAL POLICIES:

1. No information will be given out over the phone.
2. Only official copies of *school transcripts* which are sent directly by mail to an educational institution, employer, or authorized investigation agency will be certified (receive both Archdiocesan seal and a letter of authenticity).
3. Unofficial copies of *school transcripts* will be delivered to the client or parent in person or by mail. Transcripts or records delivered to the student or parent will be stamped "issued to student". The seal of the Archdiocese will not appear on the document.
4. Copies of orphanage file documents will be accompanied by a letter certifying their authenticity and completeness.
5. Waivers of fees will be granted only under extraordinary circumstances at the discretion of the Archivist.
6. Except as permitted by the Archivist, authorized recipients will not be allowed to review their records prior to copying. Named clients may review their records prior to their release to a third party.
7. All fees should be submitted in United States currency by cash or money order payable to: Archdiocese of Chicago. Personal checks are not accepted.
8. If the orphanage client file is over 40 pages, an additional \$.25 per page will be requested before the file is released to the requester.
9. Information which may invade the privacy of others (i.e. parents, siblings or other clients of the institution etc.) will be deleted from the file unless the person mentioned provides a signed and notarized letter allowing the release of the information. If the other person is deceased, we require a death certificate. It may be an original, certified copy, or notarized photocopy. All documentation will be returned.
10. If the client is deceased, the children or heirs may have access to the client file by providing an official copy of the death certificate of the client, and an official birth, baptismal or marriage certificate proving they are next of kin. If originals of these documents are not available, notarized copies are acceptable. All documentation will be returned.

IN-PERSON PICK-UP REQUESTS PROCEDURE:

11. Requests for in-person pick-ups must be made in writing. Written requests should specify that the records will be picked up.
12. Individuals wishing to pick up records must provide a daytime telephone number. Notification will be given by phone when the records are ready for pick-up.
13. Authorized recipients of the records must pick up the records in person and present proof of identity (driver's license, photographic identification card, etc.) to the satisfaction of the Archives Staff.