



SECTION I: Patient Information (Please print)

Patient's Name: _____
LAST FIRST MIDDLE

Name of the Institution: _____

Date of Medical Operation: _____

SECTION II: Authorizing Signature

I declare (certify, verify, or state) under penalty of perjury under the laws of Virginia (*Code of Virginia* § 8.01-4.3) that I am the patient, the legal guardian, or committee of the incapacitated or incompetent patient, or the personal representative, executor, or qualified next-of-kin of the deceased patient, as stated on this form, and that all information given is true and accurate.

SIGNED NAME

DATE

PRINTED NAME

STREET/MAILING ADDRESS

CITY, STATE, AND ZIP CODE

TELEPHONE NUMBER

E-MAIL ADDRESS

I am the:

___ Patient

___ Patient's Personal Representative

___ Legal Guardian of the Patient

___ Executor of the Deceased Patient

___ Next-of-Kin of Deceased Patient

specify _____

SECTION III: Instructions

- 1. Information needed to locate records:** There is no comprehensive index to sterilization records on file at the Library of Virginia. Requestors must supply the name of the state institution where the sterilization occurred and the approximate date (within 5 years) of the operation. **Not all sterilizations performed in Virginia are on file at the Library of Virginia.**
- 2. Restrictions on release of information.** Sterilization records are accessible to: the subject of the records (the patient); the duly qualified conservator or guardian of the subject of the record; the next-of-kin, if the patient is deceased (the next-of-kin are these persons in the following order of priority: surviving spouse that has not remarried, adult son or adult daughter, father, mother, adult brother or sister, or any other relative of the deceased individual in order of blood relationship); and the duly qualified executor of the estate of the subject of the record. *Code of Virginia* §32.1-127.1:03 D (24).
- 3. Copies of this form.** This completed form with original signatures should be returned to the Library of Virginia, 800 East Broad Street, Richmond, Virginia 23219. Facsimile, electronic mail, photocopied version, or any copy other than the original of the completed form will not be accepted.
- 4. Charges for service.** This service is offered free of charge. Once a request form is submitted, archivists will search for the patient's sterilization record. If a record is located, **one** copy will be mailed to the applicant (document legibility varies; the best copy possible will be provided). Notification will be sent if no record exists in the collection.
- 5. Privacy protection.** The following information is provided in accordance with our obligations as defined by applicable Virginia statutes, including, but not limited to, *Code of Virginia* § 32.1-127.1:03 regarding Health Records Privacy and the Virginia Freedom of Information Act.