Kentucky Dept. for Libraries and Archives
P.O. Box 537, Coffee Tree Road
Frankfort, KY 40602
Phone: 502.564.8300
https://kdla.ky.gov

# Guardianship Record Request Form

**Date:**

**Contact Information**

Name:

Address:

Town/City:

State/Province/Region:

Zip/Postal Code:

Country:

**Preferred Method of Contact:** ☐ Email ☐ Phone

Daytime Phone Number:

Email Address:

**Guardianship Record Requested**

Full Name of Child:

Full Name of Deceased Parent:

Full Name of Guardian:

County:

Year of Event:

Exact Date of Event:

(If you do not know the exact event date, please submit your best estimate)

**Notes:** Details that will assist in finding record

***Submit only one form & one payment at a time.***

☐ I have enclosed the required fee to process this request.

Select Fee Type

All checks or money orders should be payable to the **Kentucky State Treasurer**. Do not send cash.

**Preferred Method of Delivery:**

☐ Certified Mailed Copies
☐ Electronic Scans
☐ Notarized Copy
(as need for Apostille or other legal purposes)