

T4 Registration Form (1939/1940) - English Translation

Source

Registration Form 1 Please fill out with a typewriter!

Case number:

Name of institution:

In:

First and last name of patient: Maiden name:

Birth date: Place: District:

Last place of residence: District:

Single, married, widowed, or divorced: Religion: Race¹: Nationality:

Address of next of kin:

Regular visits and by whom (address):

Person responsible for costs: Entry date at present institution:

In other institutions, when and how long:

Duration of illness: Transferred from where and when:

Twin: yes - no - Blood relations with mental illnesses:

Diagnosis:

Main symptoms:

Primarily bedridden? yes - no Very restless? yes - no

Incurable physical illness? yes - no In confinement? yes - no

War injury? yes - no

For schizophrenia: Recent case Final stage Good remission

For mental retardation: Debilitated Imbecile Idiot

For epilepsy: Psychic changes Average frequency of attacks

For senile disorders: Very confused Soils self

Therapy (Insulin, Cardiazol, Malaria, Salvarsan, etc.): Long-term effects? yes - no

Referred on the basis of §51, §42b Criminal Code, etc. By

Offense: Earlier criminal acts:

Type of occupation: (Give the most exact description of work and work performance, e.g. fieldwork, does not do much - Lecksmitt's shop, good skilled worker - No vague responses, such as housework, instead be precise: room cleaning, etc. Always indicate whether the occupation was constant, frequent, or only occasional)

Release expected soon:

Remarks:

This space is to be left blank: Place, Date

.....
Signature of the medical director or of his representative

¹ German or related blood (German-blooded), Jew, Jewish Mischling (half-breed) 1st or 2nd degree, Negro [Mischling], Gypsy [Mischling], etc.

INSTRUCTION SHEET
When filling out the registration form please be mindful of the following:

All patients are to be registered who:

- suffer from the following diseases and are not to be employed in the institution or are to be employed only in mechanical work (plucking, etc.):
Schizophrenia,
Epilepsy (if exogenous, indicate whether war-related or from other causes),
Senile disorders,
Therapy-refractory paralysis and other Lues diseases,
Mental retardation whatever the cause,
Encephalitis,
Huntington's disease and other terminal neurological conditions;
or
- have been continuously institutionalized for at least 5 years;
or
- are being held as criminally insane;
or
- do not hold German citizenship or are not of German or related blood, as indicated under race¹ and nationality.

Registration forms are to be filled out individually for each patient and are to be given serial numbers. Registration forms are to be filled out by typewriter whenever possible.

Due on

Patients sent to this institution from outside the clearance area should have a (V) placed after their names.

If the number of registration forms sent to you is insufficient, please contact me to order the number needed.

¹ German or related blood (German-blooded), Jew, Jewish Mischling (half-breed) 1st or 2nd degree, Negro [Mischling], Gypsy [Mischling], etc.

Source: Meldebogen [registration form], page 6 of the judgment in the Hadamar Trial, Hessisches Landesarchiv (Hauptstaatsarchiv Wiesbaden), Abt. 461 Nr. 32061 Bd. 51. Merkblatt [instruction sheet], pp. 210–11 from the Heyde Trial documents, Hessisches Landesarchiv (Hauptstaatsarchiv Wiesbaden), Abt. 631a Nr. 80. Republished with permission. Translation: GHI staff.

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