California Cancer Registry Patient Record Request
Check List

The following items must be submitted to request a record:

- **California Cancer Registry Patient Record Request Form (Version 2.2) with the following required information:**
  - Patient Name
  - Patient Social Security Number
  - Patient Date of Birth
  - Patient Date of Diagnosis
  - Type of Cancer
  - Patient Date of Death (if applicable)
  - Patient County of Diagnosis
  - Signature
  - Relation to patient
  - Contact Information (please provide a physical address where documents may be delivered, a signature will be required at time of delivery)

- **If requesting patient record for self:**
  - California Cancer Registry Patient Record Request Form
  - Copy of Identification (driver's license, official state-issued identification card, passport, certified copy of birth certificate, etc.)
  - Address Verification (copy of phone bill, utility bill, driver's license, etc.)

- **If requesting a deceased patient's record:**
  - California Cancer Registry Patient Record Request Form
  - Certified death certificate (with the raised seal)
  - Legal document establishing your legal authority
    a) If you are the surviving spouse and named on the death certificate, ONLY a certified copy of the death certificate is required to establish legal authority
    b) For any requestor other than the surviving spouse, a certified copy of one of the following is required to establish legal authority:
       - ✓ Letters Testamentary
       - ✓ Letters of Administration
       - ✓ Letters of Administration with Will Annexed
       - ✓ Order Authorizing Independent Administration of Estate
       - ✓ Spouse or Domestic Partner Property Order
       - ✓ Order Setting Aside Decedent's Estate to the Decedent's Surviving Spouse and Minor Children
       - ✓ Judgment of Final Distribution
       - ✓ Trust Document
  - Copy of Identification (driver's license, official state-issued identification card, passport, certified copy of birth certificate, etc.)
  - Address Verification (copy of phone bill, utility bill, driver's license, etc.)

- **If requesting a patient's record on behalf of living patient:**
    - California Cancer Registry Patient Record Request Form
    - Legal document establishing your legal authority (Power of Attorney)
    - Copy of Identification (driver's license, official state-issued identification card, passport, certified copy of birth certificate, etc.)
    - Address Verification (copy of phone bill, utility bill, driver's license, etc.)

□ Mail Requests to:

Chronic Disease Surveillance and Research Branch
California Cancer Registry
1631 Alhambra Blvd, Suite 200
Sacramento, CA 95816

□ Questions or concerns, please contact:

California Cancer Registry
Phone: (916) 731-2500