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 3.2) with the following required information:
  o Patient Name
  o Patient Social Security Number
  o Patient Date of Birth
  o Patient Date of Diagnosis
  o Type of Cancer
  o Patient Date of Death (if applicable)
  o Patient County of Diagnosis
  o Signature
  o Relation to patient
  o Contact Information (please provide a physical address where documents can be delivered, a signature will be required at time of delivery)

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

• If requesting a deceased patient’s record:
  o California Cancer Registry Patient Record Request Form
  o Certified death certificate (with the raised seal)
  o 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
  o Copy of Identification (driver’s license, official state-issued identification card, passport, certified copy of birth certificate, etc.)
  o Address Verification (copy of phone bill, utility bill, driver’s license, etc.)
• **If requesting a patient’s record on behalf of living patient:**
  o California Cancer Registry Patient Record Request Form
  o Legal document establishing your legal authority (Power of Attorney)
  o Copy of Identification (driver’s license, official state-issued identification card, passport, certified copy of birth certificate, etc.)
  o 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
  Fax: (916) 454-1538