

## 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:**
  - 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 can 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  
Fax: (916) 454-1538