

CALIFORNIA CANCER REGISTRY PATIENT RECORD REQUEST FORM

Mail Requests to:

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

INDIVIDUAL WHOSE INFORMATION YOU ARE REQUESTING
*Patient Name:
Patient Alias Name:
*Patient Social Security Number:
*Patient Date of Birth:
*Patient Date of Diagnosis:
*Type of Cancer:
*Patient Date of Death (if applicable): CERTIFIED DEATH CERTIFICATE MUST BE ATTACHED (with raised seal)
Patient Address at Diagnosis:
*Patient County of Diagnosis:
<i>*required fields</i>

REPRESENTATIVE CONTACT INFORMATION		
Last Name:	First Name:	Middle Initial:
Physical Address:	City/State:	Zip Code:
Mailing Address (if different):	City/State:	Zip Code:
Daytime Phone Number:	Email Address:	Please return all certified copies: <input type="checkbox"/> Yes <input type="checkbox"/> No
WHAT LEGAL AUTHORITY DO YOU HAVE TO REQUEST HEALTH INFORMATION:		
<input type="checkbox"/> Self	<input type="checkbox"/> Conservator	
<input type="checkbox"/> Parent	<input type="checkbox"/> Executor of Will	

<input type="checkbox"/> Guardian <input type="checkbox"/> Medical Power of Attorney	<input type="checkbox"/> Other (Please specify – spouse, son, daughter, etc):
<p>NOTE: You must attach all LEGAL documentation to verify that you have legal authority to access the patient’s records (Please refer to the CCR Patient Record Request Check List).</p>	

IDENTIFYING INFORMATION REQUIRED	
<input type="checkbox"/> Copy of Identification Attached Type: _____ (Driver’s License, Identification Card, Birth Certificate)	
<input type="checkbox"/> Address Verification Attached TYPE: _____ (Utility Bill, Phone Bill, Driver’s License, Etc.)	
<p>IF NO IDENTIFICATION IS ATTACHED, YOUR SIGNATURE MUST BE NOTARIZED.</p>	
Notarized by _____ on _____ (Date)	
Notary Public Number _____	
<p>UNOFFICIAL UNLESS STAMPED BY NOTARY PUBLIC</p>	
<p>I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.</p>	
Representative Signature:	Date: