

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