

## CANCER DATA REGISTRY OF IDAHO PATIENT REQUEST FORM

Mail Requests to:      Cancer Data Registry of Idaho  
                                  P.O. Box 1278  
                                  Boise, ID 83701

<b>INDIVIDUAL WHOSE INFORMATION YOU ARE REQUESTING</b> (*Required fields)
*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): <b>CERTIFIED DEATH CERTIFICATE MUST BE ATTACHED (with raised seal)</b>
*Patient Address at Diagnosis (provide county at a minimum):

<b>REPRESENTATIVE CONTACT INFORMATION</b>		
Last Name:	First Name:	Middle Name:
Physical Address:	City/State:	Zip Code:
Mailing Address (if different):	City/State:	Zip Code:
Daytime Phone:	Email Address:	Please return all certified copies: Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>WHAT IS YOUR RELATIONSHIP TO THE PATIENT:</b>	
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Medical Power of Attorney	<input type="checkbox"/> Conservator <input type="checkbox"/> Personal Representative/Executor <input type="checkbox"/> Other (Please specify – spouse, son, daughter, etc.)
<b>NOTE: You must attach all LEGAL documentation to verify that you have legal authority to access the patient's records (Please refer to the CDRI Patient Record Request Check List).</b>	

**IDENTIFYING INFORMATION REQUIRED**

Copy of Identification Attached:

Type:  Driver's License     Identification Card     Birth Certificate     Passport

Address Verification Attached:

Type:  Utility Bill     Phone Bill     Driver's License     Other

**IF NO IDENTIFICATION IS ATTACHED, YOUR SIGNATURE MUST BE NOTORIZED.**

Notarized by \_\_\_\_\_

Date \_\_\_\_\_

Notary Public Number \_\_\_\_\_

**UNOFFICAL UNLESS STAMPED BY NOTARY PUBLIC**

**I DECLARE UNDER THE PENALTY OF PERJURY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.**

Representative Signature:

Date: