

PATIENT RECORD REQUEST – CHECKLIST CANCER DATA REGISTRY OF IDAHO (CDRI)

Request packet must include:

<input checked="" type="checkbox"/>	If requesting record for SELF:	If requesting record for DECEASED spouse:	If requesting record for other DECEASED relative:	If requesting record on behalf of a living patient:
	CDRI Patient Record Request Form	CDRI Patient Record Request Form	CDRI Patient Record Request Form	CDRI Patient Record Request Form
	Copy of requestor identification. One of: <ul style="list-style-type: none"> • Driver’s license • Official state-issued ID • Passport • Certified copy of birth certificate 	Copy of requestor identification. One of: <ul style="list-style-type: none"> • Driver’s license • Official state-issued ID • Passport • Certified copy of birth certificate 	Copy of requestor identification. One of: <ul style="list-style-type: none"> • Driver’s license • Official state-issued ID • Passport • Certified copy of birth certificate 	Copy of requestor identification. One of: <ul style="list-style-type: none"> • Driver’s license • Official state-issued ID • Passport • Certified copy of birth certificate
	Address verification of requestor (provide only if identification document does not show current address). One of: <ul style="list-style-type: none"> • Copy of utility bill • Copy of phone bill • Driver’s license 	Address verification of requestor (provide only if identification document does not show current address). One of: <ul style="list-style-type: none"> • Copy of utility bill • Copy of phone bill • Driver’s license 	Address verification of requestor (provide only if identification document does not show current address). One of: <ul style="list-style-type: none"> • Copy of utility bill • Copy of phone bill • Driver’s license 	Address verification of requestor (provide only if identification document does not show current address). One of: <ul style="list-style-type: none"> • Copy of utility bill • Copy of phone bill • Driver’s license
		Legal document** establishing your authority to receive the information: <ul style="list-style-type: none"> • Letters of testamentary • Power of attorney 	Legal document establishing your authority to receive the information: <ul style="list-style-type: none"> • Letters of testamentary • Power of attorney • Certified copy of birth certificate(s)‡ 	Legal document establishing your authority to receive the information: <ul style="list-style-type: none"> • Power of attorney • Conservatorship • Certified copy of birth certificate (for minor child)
		Certified death certificate (with raised seal)	Certified death certificate (with raised seal)	

**If you are the surviving spouse who is named on the death certificate, no other documentation is required.

‡ If you are unable to provide a court document (e.g., the death occurred decades ago, there was no probate, records have been destroyed, etc.), you must provide: 1) certified copy of birth certificate(s) establishing your relationship to the decedent AND; 2) a signed attestation to that fact that court documents are not available. For example: “My mother died 30 years ago and these documents no longer exist” or “My father’s estate did not go to probate”.

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

Questions or concerns, please contact:
Cancer Data Registry of Idaho
Phone: (208) 489-1381

Please note: All original documents (not copies) you send will be returned with our response.