

CANCER DATA REGISTRY OF IDAHO PATIENT REQUEST FORM

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

- General Request
 RECA/Downwinders Request

FOR RECA REQUESTS, BE ADVISED THAT REQUESTING THE CANCER RECORD DIRECTLY FROM CDRI COULD DELAY YOUR CLAIM BY A FEW WEEKS WHILE WE PROCESS YOUR REQUEST. IT IS FAR MORE EFFICIENT TO HAVE THE DEPARTMENT OF JUSTICE OBTAIN THE RECORD DIRECTLY FROM CDRI IF THEY NEED IT (SEE PAGE 10 OF THE [DOJ CLAIM FORM](#)).

Whose cancer record are you requesting?

(*Required fields)

*Full Name at time of diagnosis (include all names the person may have used):			
*Date of Birth:	*Social Security #:	*Date of Diagnosis (approximate date is OK):	*Type of Cancer (if known):
*Address where this person lived at diagnosis (provide county at a minimum):			

Is this person your:

<input type="checkbox"/> Self		
<input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other relative (please specify – grandparent, child, grandchild, etc.):	Is this person deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes	You must attach a <u>CERTIFIED</u> death certificate (with a raised seal)

Please provide your contact information:

Full Name:	
Physical Address:	Mailing Address (if different):
Daytime Phone:	Email Address:

I have legal authority to obtain this record because:

This is my record

- I was/am this person's:
- Spouse
 - Guardian
 - Conservator
 - Personal Representative/Executor
 - Medical Power of Attorney
 - Other (please specify)

NOTE: If you are not the surviving spouse, you must attach copies of 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).

I am unable to provide copies of documents proving my legal authority to receive this information for my relative for the following reason (refer to checklist in the "other deceased relative" column):

I DECLARE UNDER THE PENALTY OF PERJURY THAT THIS ATTESTATION IS TRUE AND CORRECT.

Representative Signature:

Date:

REQUIRED PROOF OF RELATIONSHIP

If requesting:	Provide this proof of relationship:
Your own record	Not applicable
A record for your deceased spouse	If your name is documented on the death certificate as spouse, no other proof required. If your name is NOT on the death certificate, provide a copy of a marriage certificate.
A record for another deceased relative	Certified copies of all birth certificates needed to establish the relationship chain. You may need to provide additional documentation when current legal names are different from those on the birth certificate(s).
A record for a living relative	Not applicable. This is covered by providing documentation of your legal authority to access the patient's records.

REQUIRED PROOF OF IDENTITY AND CURRENT ADDRESS

****I am attaching a copy of one of the following forms of identification:**

- Driver's License Identification Card Birth Certificate Passport

I am attaching a copy of one of the following forms of current address verification:

- Driver's License Phone Bill Utility Bill Other

Requestor's Signature: _____

Date: _____

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

State of Idaho

County of _____

This record was signed before me on _____ by _____

Notary Signature