METROPOLITAN NEW YORK REGISTRY

Family Information Sheet

FOR OFFICE USE ONLY—PLEASE DO NOT WRITE BELOW THIS LINE

Date Received: ___/____/_____

Center:
- O B. I.
- O CPMC
- O MSKMC
- O MSMC
- O NYU
- O SMC

Site ID: |___|___|___|

Family ID: |___|___|___|___|___|___|

GENERAL INSTRUCTIONS

This form serves two purposes:

(1) it provides detailed information on your family's cancer history, and
(2) it provides us with contact information for potential participants.

Please complete the *Family Information Sheet* by filling in information on as many relatives as possible (first, second or third degree relatives) from the side(s) of the family with a history of cancer. You may need to contact some relatives to determine some of the information. That could also pose as an opportunity to discuss the Registry with them and determine if they might be interested in being one of your family members who participates with you. The Registry is interested in collecting personal health histories and biologic **specimens from as many family members who are willing to participate as possible**. We are interested in enrolling both men and women, and both those who are affected and unaffected by cancer.

- The contact information you provide on this form will be used to contact your family members. Initial contact with all family members is by letter. **If you do *not* want a person to be contacted by the Registry**, *please write "Do not contact" in the space provided for the address.* The Registry will not contact a family member that you indicate should not be contacted. No family member identified in the *Family Information Sheet* will be contacted unless you have indicated here that we may contact them or you have verbally given us permission to send them information.

- This form or the information within it will not be shared with any other members of your family.

- The Registry does not contact or enroll relatives under the age of eighteen. **It is not necessary to include information about relatives under the age of 18 years.**

- **If you are unsure about an age of diagnosis**, please put a "?" next to that age.

- **If a family member has had cancer, but you do not know the location or type of cancer**, please put a "?" in that space.
  If you are not completely sure of the location or type of cancer, then fill in the approximate information and put a "?" next to it.

- **For family members who are living,** please put a slash in the space for Date of Death.

- **If you need additional space**, please attach additional sheets. Feel free to make notations in the margins.

If you have questions about this form please call your Registry Coordinator at (800)557-8386.
Thank you very much for your cooperation and participation!

- **Please consider photocopying this form once completed before putting it in the mail.**

- Please provide as much information as possible on all your blood relatives, (extended family included). This includes all of the following:

  male relatives
  female relatives
  deceased family members
  family members that have been diagnosed with cancer
  family members not diagnosed with cancer
  first, second, third degree relatives

You and Your Parents

Relationship to you	Sex	Full name Address Phone # (If you do not want us to contact a relative, write "Do not contact" in the space provided for his/her address)	Birth date	Date of death (Please write age at death if date is not known. Slash box if living.)	Has this person ever had cancer? (circle answer)	Site of cancer Age when diagnosed (If unsure, put a "?" next to responses)	If living, informed of Registry (i.e., prepared for our contact)? (circle answer)
You	F M	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _________ (date informed) No
Mother	F	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _________ (date informed) No
Father	M	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _________ (date informed) No

- **Please consider photocopying this form once completed before putting it in the mail.**

- Please provide as much information as possible on all your blood relatives, (extended family included). This includes all of the following:

  male relatives
  female relatives
  deceased family members
  family members that have been diagnosed with cancer
  family members not diagnosed with cancer
  first, second, third degree relatives

You and Your Parents

Relationship to you	Sex	Full name Address Phone # (If you do not want us to contact a relative, write "Do not contact" in the space provided for his/her address)	Birth date	Date of death (Please write age at death if date is not known. Slash box if living.)	Has this person ever had cancer? (circle answer)	Site of cancer Age when diagnosed (If unsure, put a "?" next to responses)	If living, informed of Registry (i.e., prepared for our contact)? (circle answer)
You	F M	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes ___|___|___ (date informed) No
Mother	F	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes ___|___|___ (date informed) No
Father	M	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes ___|___|___ (date informed) No

Spouses and parents of your children

Please include the other biological parent of your child(ren) and indicate which child(ren) is theirs.

Relationship to you	Which of your child(ren) is this person the parent of?	Full name Address Phone # (If you do not want us to contact a relative, write "Do not contact" in the space provided for his/her address)	Birth date	Date of death (Please write age at death if date is not known. Slash box if living.)	Has this person ever had cancer? (circle answer)	Site of cancer Age when diagnosed (If unsure, put "?" next to response)	If living, informed of Registry (i.e., prepared for our contact)? (circle answer)
Husband/ father of children	_____ _____ _____	Name:_____ Street:_____ City: _____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No
Husband/ father of children	_____ _____ _____	Name:_____ Street:_____ City: _____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No
Wife/ mother of children	_____ _____ _____	Name:_____ Street:_____ City: _____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No
Wife/ mother of children	_____ _____ _____	Name:_____ Street:_____ City: _____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No

Feel free to attach additional pages as needed.

Your Grandchildren

Please list all your grandchildren, from oldest to youngest.

Relationship to you (please circle)	Name of Parents (Your child and his/her spouse)	Full name Address Phone # (If you do not want us to contact a relative, write "Do not contact" in the space provided for his/her address)	Birth date	Date of death (Please write age at death if date is not known. Slash box if living.)	Has this person ever had cancer? (circle answer)	Site of cancer Age when diagnosed (If unsure, put "?" next to response)	If living, informed of Registry (i.e., prepared for our contact)? (circle answer)
Grandson Grand-daughter	_____ _____ _____	Name:_____ Street:_____ City: _____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No
Grandson Grand-daughter	_____ _____ _____	Name:_____ Street:_____ City: _____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No
Grandson Grand-daughter	_____ _____ _____	Name:_____ Street:_____ City: _____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No
Grandson Grand-daughter	_____ _____ _____	Name:_____ Street:_____ City: _____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No

Feel free to attach additional pages as needed.

Your Sisters and Brothers:

Please list *ALL* your sisters and brothers in order of birth from oldest to youngest.

Please include half-siblings (share one parent) and indicate which parent you share.

Relationship to you (circle answer)	Shared Parent (circle answer)	Full name Address Phone # (If you do not want us to contact a relative, write "Do not contact" in the space provided for his/her address)	Birth date	Date of death (Please write age at death if date is not known. Slash box if living.)	Has this person ever had cancer? (circle answer)	Site of cancer Age when diagnosed (If unsure, put a "?" next to responses)	If living, informed of Registry (i.e., prepared for our contact)? (circle answer)
Full sister Full brother Half sister Half brother	Mother Father Both	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	__/__/__ month – day - year	__/__/__ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _____ (date informed) No
Full sister Full brother Half sister Half brother	Mother Father Both	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	__/__/__ month – day - year	__/__/__ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _____ (date informed) No
Full sister Full brother Half sister Half brother	Mother Father Both	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	__/__/__ month – day - year	__/__/__ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _____ (date informed) No
Full sister Full brother Half sister Half brother	Mother Father Both	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	__/__/__ month – day - year	__/__/__ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _____ (date informed) No

Feel free to attach additional pages as needed.

Your Sisters and Brothers continued:

Please list *ALL* your sisters and brothers in order of birth from oldest to youngest.

Please include half-siblings (share one parent) and indicate which parent you share.

Relationship to you (circle answer)	Shared Parent (circle answer)	Full name Address Phone # (If you do not want us to contact a relative, write "Do not contact" in the space provided for his/her address)	Birth date	Date of death (Please write age at death if date is not known. Slash box if living.)	Has this person ever had cancer? (circle answer)	Site of cancer Age when diagnosed (If unsure, put a "?" next to responses)	If living, informed of Registry (i.e., prepared for our contact)? (circle answer)
Full sister Full brother Half sister Half brother	Mother Father Both	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	__/____/__ month – day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No
Full sister Full brother Half sister Half brother	Mother Father Both	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	__/____/__ month – day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No
Full sister Full brother Half sister Half brother	Mother Father Both	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	__/____/__ month – day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No
Full sister Full brother Half sister Half brother	Mother Father Both	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	__/____/__ month – day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No

Feel free to attach additional pages as needed.

Your Nieces and Nephews

Please list, from oldest to youngest, the children of your sisters and brothers.

Relationship to you (please circle)	Name of Parents (Your sibling and his/her spouse)	Full name Address Phone # (If you do not want us to contact a relative, write "Do not contact" in the space provided for his/her address)	Birth date	Date of death (Please write age at death if date is not known. Slash box if living.)	Has this person ever had cancer? (circle answer)	Site of cancer Age when diagnosed (If unsure, put "?" next to response)	If living, informed of Registry (i.e., prepared for our contact)? (circle answer)
Niece Nephew	_____ _____ _____	Name:_____ Street:_____ City: _____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No
Niece Nephew	_____ _____ _____	Name:_____ Street:_____ City: _____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No
Niece Nephew	_____ _____ _____	Name:_____ Street:_____ City: _____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No
Niece Nephew	_____ _____ _____	Name:_____ Street:_____ City: _____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No

Feel free to attach additional pages as needed.

Your Mother's Relatives: maternal grandmother, maternal grandfather, maternal aunts and maternal uncles

Please list your mother's father and mother, and ALL your mother's sisters and brothers.
Please list your mother's sisters and brothers in the order they were born, from oldest to youngest.

Relationship to you (circle answer)	Full name Address Phone # (If you do not want us to contact a relative, write "Do not contact" in the space provided for his/her address)	Birth date	Date of death (Please write age at death if date is not known. Slash box if living.)	Has this person ever had cancer? (circle answer)	Site of cancer Age when diagnosed (If unsure, put a "?" next to responses)	If living, informed of Registry (i.e., prepared for our contact)? (circle answer)
Mother's Mother	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes ____|____|____ (date informed) No
Mother's Father	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes ____|____|____ (date informed) No
Mother's sister Mother's brother	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes ____|____|____ (date informed) No
Mother's sister Mother's brother	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes ____|____|____ (date informed) No

Continued on next page . . .

Your Mother's Relatives continued (maternal aunts and maternal uncles)

Please continue to list all your mother's sisters and brothers from oldest to youngest

Relationship to you (circle answer)	Full name Address Phone # (If you do not want us to contact a relative, write "Do not contact" in the space provided for his/her address)	Birth date	Date of death (Please write age at death if date is not known. Slash box if living.)	Has this person ever had cancer? (circle answer)	Site of cancer Age when diagnosed (If unsure, put a "?" next to responses)	If living, informed of Registry (i.e., prepared for our contact)? (circle answer)
Mother's sister Mother's brother	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _______ (date informed) No
Mother's sister Mother's brother	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _______ (date informed) No
Mother's sister Mother's brother	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _______ (date informed) No
Mother's sister Mother's brother	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _______ (date informed) No
Mother's sister Mother's brother	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _______ (date informed) No

Feel free to attach additional pages as needed.

Other Maternal Relatives (children of your mother's brothers and sisters, your mother's grandparents, your mother's aunts and uncles, etc..)

Please fill in relationship to you (e.g., cousin, mother's aunt, etc..)	Name of Parents:	Full name Address Phone # (If you do not want us to contact a relative, write "Do not contact" in the space provided for his/her address)	Birth date	Date of death (Please write age at death if date is not known. Slash box if living.)	Has this person ever had cancer? (circle answer)	Site of cancer Age when diagnosed (if unsure, put a "?" next to responses)	If living, informed of Registry (i.e., prepared for our contact)? (circle answer)
Relationship: Gender: M F	_____ _____ _____ _____	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No
Relationship: Gender: M F	_____ _____ _____ _____	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No
Relationship: Gender: M F	_____ _____ _____ _____	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No
Relationship: Gender: M F	_____ _____ _____ _____	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No
Relationship: Gender: M F	_____ _____ _____ _____	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	____/____/____ month - day - year	____/____/____ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ____|____|____ (date informed) No

Continued on next page . . .

Other Maternal Relatives continued (children of your mother brothers and sisters, your mother's grandparents, your mother's aunts and uncles etc..)

Please fill in Relationship to you (e.g., cousin, mother's aunt, etc..)	Name of Parents:	Full name Address Phone # (If you do not want us to contact a relative, write "Do not contact" in the space provided for his/her address)	Birth date	Date of death (Please write age at death if date is not known. Slash box if living.)	Has this person ever had cancer? (circle answer)	Site of cancer Age when diagnosed (if unsure, put a "?" next to responses)	If living, informed of Registry (i.e., prepared for our contact)? (circle answer)
Relationship: Gender: M F	_____ _____ _____ _____	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ___|___|___ (date informed) No
Relationship: Gender: M F	_____ _____ _____ _____	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ___|___|___ (date informed) No
Relationship: Gender: M F	_____ _____ _____ _____	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ___|___|___ (date informed) No
Relationship: Gender: M F	_____ _____ _____ _____	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ___|___|___ (date informed) No
Relationship: Gender: M F	_____ _____ _____ _____	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ___|___|___ (date informed) No

Feel free to attach additional pages as needed.

Your Father's Relatives: paternal grandmother, paternal grandfather, paternal aunts and paternal uncles

Please list your father's mother and father, and *ALL* your father's sisters and brothers.
Please list your father's sisters and brothers *in the order they were born, from oldest to youngest.*

Relationship to you (circle answer)	Full name Address Phone # (If you do not want us to contact a relative, write "Do not contact" in the space provided for his/her address)	Birth date	Date of death (Please write age at death if date is not known. Slash box if living.)	Has this person ever had cancer? (circle answer)	Site of cancer Age when diagnosed (If unsure, put a "?" next to responses)	If living, informed of Registry (i.e., prepared for our contact)? (circle answer)
Father's Mother	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes ___|___|___ (date informed) No
Father's Father	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes ___|___|___ (date informed) No
Father's sister Father's brother	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes ___|___|___ (date informed) No
Father's sister Father's brother	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes ___|___|___ (date informed) No

Continued on next page . . .

Your Father's Relatives continued (paternal aunts and paternal uncles)

Please continue to list all your father's sisters and brothers from oldest to youngest.

Relationship to you (circle answer)	Full name Address Phone # (If you do not want us to contact a relative, write "Do not contact" in the space provided for his/her address)	Birth date	Date of death (Please write age at death if date is not known. Slash box if living.)	Has this person ever had cancer? (circle answer)	Site of cancer Age when diagnosed (if unsure, put a "?" next to responses)	If living, informed of Registry (i.e., prepared for our contact)? (circle answer)
Father's sister Father's brother	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _____ (date informed) No
Father's sister Father's brother	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _____ (date informed) No
Father's sister Father's brother	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _____ (date informed) No
Father's sister Father's brother	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _____ (date informed) No
Father's sister Father's brother	Name:_____ Street:_____ City:_____ State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ___ Years Site:_____ Age: ___ Years	Yes _____ (date informed) No

Feel free to attach additional pages as needed.

Other Paternal Relatives (children of your father's brothers and sisters, your father's grandparents, your father's aunts and uncles, etc..)

Please fill in Relationship to you (e.g., cousin, father's aunt, etc..)	Name of Parents:	Full name Address Phone # (If you do not want us to contact a relative, write "Do not contact" in the space provided for his/her address)	Birth date	Date of death (Please write age at death if date is not known. Slash box if living.)	Has this person ever had cancer? (circle answer)	Site of cancer Age when diagnosed (if unsure, put a "?" next to responses)	If living, informed of Registry (i.e., prepared for our contact)? (circle answer)
Relationship: Gender: M F	_____ _____ _____ _____	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ___|___|___ (date informed) No
Relationship: Gender: M F	_____ _____ _____ _____	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ___|___|___ (date informed) No
Relationship: Gender: M F	_____ _____ _____ _____	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ___|___|___ (date informed) No
Relationship: Gender: M F	_____ _____ _____ _____	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ___|___|___ (date informed) No
Relationship: Gender: M F	_____ _____ _____ _____	Name:_____ Street:_____ City:_____State:_____ Zip Code:_____ Country:_____ ( ) -	___/___/___ month - day - year	___/___/___ month - day - year _____ Age	Yes No Don't know	Site:_____ Age: ____ Years Site:_____ Age: ____ Years	Yes ___|___|___ (date informed) No

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