

INSTRUCTIONS FOR COMPLETING FORMS

- 1) Use **Blue** or **Black** ink only.
- 2) Write your responses in **PRINTED CAPITAL BLOCK LETTERS** without touching the sides of the box. **For example:**

Your Name:

J	O	H	N							
First				P	Last					

- 3) Fill in "bubbles" completely.

Shade Circles Like This--> ● Not Like This--> ○ <input checked="" type="checkbox"/>

- 4) Please **DO NOT** make corrections using liquid paper



If you make a mistake within the **boxes** the mistake should be 'X'-ed out and the correct information written above or below where space permits.

For example:

E

Name:

T	X	D				
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If you make a mistake within a **bubble field**, mark an **X** through the incorrect response and fill in the bubble for the correct response.

For example:

● Yes ○ No → ~~○~~ Yes ● No

- 5) If you or your relative had one or more of the cancers listed on the form, write the age at diagnosis in the boxes under the cancer type.

For example: breast cancer at age 44 would look like this:

Breast	
4	4

If the type of cancer is not listed on the form, look on the attached page and write the "Cancer Code" and age at diagnosis in the "Other" box.

For example: melanoma at age 51 would look like this

If Other, Provide Age at Diagnosis:	5	1	and Cancer Code:	1	2	4
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