



Colorado Department  
of Public Health  
and Environment

# Medical Marijuana Registry



## CHANGE OF CARE-GIVER/MEDICAL MARIJUANA CENTER

### INSTRUCTIONS:

When there has been a change of care-giver of a patient who has qualified for a registry identification card, that **patient must** notify the state health agency of any such change within **ten (10) days**. Please complete all required information in **blue ink**, sign, and date in front of notary, and have notarized. **Whiteout and cross-outs will void this form**. Mail this form with a legible copy of the patient's and care-giver's photo ID to:

Colorado Department of Public Health and Environment  
Medical Marijuana Registry  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530

Incomplete forms or forms without ID, will be returned to the applicant. You may contact the Registry at 303-692-2184.

<b>APPLICANT ID Required</b>	1. Last Name <i>(as it appears on your ID)</i>		2. First Name <i>(as it appears on your ID)</i>		3. Middle Initial	
	4. Mailing Address		5. City		6. Zip Code	7. County <b>CO</b>
	8. Social Security Number _ _ - _ - _		9. Date of Birth / /		10. Telephone Number	
					11. e-mail Address*	
13. Are you homebound? Yes <input type="checkbox"/> No <input type="checkbox"/>		14. Provider of medical marijuana: Select one of the following that best describes your intended source of medical marijuana:		<input type="checkbox"/> Self (skip the "Provider" section below) <input type="checkbox"/> Care-giver (Required: enter name and address below) <input type="checkbox"/> Medical Marijuana Center (Required: enter name and address below) <input type="checkbox"/> Self and Care-giver (Required: enter name and address below) <input type="checkbox"/> Self and Medical Marijuana Center (Required: enter name and address below)		
<b>PROVIDER</b>	15a. Name of Medical Marijuana Center (skip this field if using a care-giver)					
	15b. Mailing Address of Medical Marijuana Center			15c. City	15d. State	15e. Zip Code
	15f. Telephone Number					
<b>Care-Giver (ID required)</b>	16a. Last Name of Care-Giver <i>(as it appears on ID)</i>		16b. First Name <i>(as it appears on ID)</i>		16c. Middle Initial	
	16d. Mailing Address		16e. City		16f. State	16g. Zip Code
	16h. Date of Birth / /		16i. Telephone Number		16j. Alternate Number	

**WARNING! THE USE, POSSESSION, DISTRIBUTION, AND MANUFACTURE OF MARIJUANA REMAINS A FEDERAL CRIME IN COLORADO, AND POSSESSION OF A REGISTRATION CARD PROVIDES NO PROTECTION WHATSOEVER AGAINST FEDERAL CRIMINAL PROSECUTION.**

**I hereby certify that the above information is correct and complete.**

17. Applicant's Signature: 	18. Date Signed:
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The Applicant's Signature has been subscribed and affirmed before me in the county of \_\_\_\_\_, State of Colorado, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary's Official Signature)

\_\_\_\_\_  
(Commission expiration date)


AFFIX NOTARY SEAL

Rev. July 2010

\* I consent for communications from the Registry via e-mail

## CHANGE OF CARE-GIVER (backside)

### PATIENT'S AND CAREGIVER'S PROOF OF IDENTITY AND PROOF OF RESIDENCY IN COLORADO

<b>At least 1 of the following</b>	<b>Or at least 2 of the following</b>
Colorado Driver's License	<b>Minimum of 1 from the group of ID's below -</b>
Colorado ID	Out of State Driver's License
Temporary Colorado Driver's License	Out of State ID
Temporary Colorado ID	Passport, Military ID, Tribal ID
 Colorado Department of Public Health and Environment	<b>And a Minimum of 1 from the group below -</b>
	Work Identification/paycheck stub/W-2
	Utility bill, medical/insurance bill or cable bill <i>The above items must show a Colorado residence</i>

*All Documents must be currently valid!*

**At least one of these documents must show the applicant's date of birth.**