

Medical Marijuana Registry



4300 Cherry Creek Drive South, Denver, CO 80246-1530 • 303-692-2184 **E-mail:** medical.marijuana@state.co.us • **Website:** www.cdphe.state.co.us/hs/medicalmarijuana

Report of Lost, Stolen or Damaged Registry Card

Instructions:

- 1. Complete all required sections of the form neatly and accurately.
- 2. Do not submit this form unless you have an active registration card.
- 3. There are no fees to file this form. DO NOT send money with this form. All monies received at the Registry are nonrefundable.
- 4. **Do not write-over, cross-out, or use white-out on this form, or it will be voided**. If you make a mistake on the form, please complete a new one.
- 5. After completing the form, you must sign and date it in front of a notary and have it notarized.
- 6. **Include a copy of your valid ID.** The primary parent's or guardian's ID is required for paperwork submitted for patients under the age of 18. The chart below lists the Registry's preferred documents:

PROOF OF IDENTITY

The Registry requires a verifiable ID for all forms. Please submit one of the following IDs with your form:

- Colorado Driver's License
- Colorado ID
- Temporary Colorado Driver's License
- Temporary Colorado ID

- Out-of-state Driver's License
- Out-of-state ID
- U.S. Passport or passport card
- Military ID (copy of front and back)
- Tribal ID

If you do not have the above documents, please contact the Registry at 303-692-2184 (ext. 3) to discuss other options.

- i. All documents must be currently valid when received at the Registry.
- ii. Damaged, expired, or tampered IDs are not valid.
- iii. Passports must include full photo page and signature page. Passport cards must include copy of front and back.
- iv. The address on the ID does not have to match the mailing address on the form.
- v. All IDs must be verifiable and have specific issue and expiration dates.
- vi. The ID must show the patient's date of birth.
- 7. Patient social security numbers are used to confirm identity and protect confidentiality.
- 8. Incomplete forms will be rejected. A form is considered complete when:
 - a. The form is completed, signed and notarized.
 - b. A copy of the patient's ID is included.
- 9. Forms must be sent separately, one form per envelope.
- 10. Make a copy of all your paperwork for your files.
- 11. You must submit paperwork within ten (10) days of the date you have it notarized.
- 12. **If you find your registration card after sending in this form, return it to the Registry.** Do not use the old card. Once your form is approved, the old card is voided. The Registry may report lost, stolen or damaged registration card numbers to law enforcement statewide. No names, addresses or other personal information is provided to law enforcement, only the registration card number.
- 13. The primary parent or legal guardian's signature is required on all forms for patients under the age of 18.
- 14. **Authorized Representatives** –If patient care rights and responsibilities have been legally assigned to another person, a copy of the legal documentation must be on file with the Registry. Acceptable documents include court-certified guardianship documents, power of attorney or medical power of attorney. Medical care rights must be included as a responsibility of the guardian/agent in order to contact the Registry regarding patient records and care. A copy of the guardian's/agent's ID is also required.
- 15. **Please allow 4 to 6 weeks** from the date the Registry receives your paperwork for processing. If your form is rejected or a new card is required, you should receive a letter or card within 6 weeks. Your paperwork or card will be mailed to the address on your paperwork. Cards cannot be mailed out of state, to a third party or sent "in care of" another party.
- 16. Submit paperwork by mail or deliver to the Registry's drop-box. The Registry does not accept forms by fax or e-mail.

Mail to:

Drop-Box:

Replacement Request CDPHE

HSV-8608

4300 Cherry Creek Drive South

Denver, CO 80246-1530

710 S. Ash Street, South East Entrance Open: Monday-Friday, 7:00 a.m. to 6:00 p.m.

The drop box is on the wall inside the first set of glass doors. Your paperwork must be in a sealed envelope. You will not receive a receipt. **If you wish to**

have a receipt, please mail in your paperwork by certified mail.

For more information, visit our website www.cdphe.state.co.us/hs/medicalmarijuana or call 303-692-2184.



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This form is not valid as a temporary registry card.

See instructions on page 1. Proof of identification required with all forms

STAFF ONLY	1. Social Security Number (optional) Section A: Patient Information (Required) The name on the form must match the legal name on your ID.							
	2. Last Name			3. First Name			4. Middle Initial	
Evaluated	5a. Mailing Address			5b. Apartment/Suite #		6. City		
	State CO	7. Zip Code	8. County		9. Date of Birth	10. Telephor		
	11. E-mail Address (optional)*							
Old Card Voided	* By providing your e-mail address, you agree to receive communication from the Registry by e-mail. 12. What is the card number for the card that was lost, stolen or damaged (if known)? 13. About what date was the registration card lost, stolen or damaged? 14. Please write a brief statement about what happened to the registration card.							
Replacement Card Printed								
	NOTICE: This form must be completed and reviewed by the Registry before a replacement can							
Corrections:	issued. The serial number of the lost, stolen or damaged registration card may be shared with						th appropriate	
	15. Patie		ertify that all inform epresentative's Signatu				(mm/dd/yyyy)	
	The signature and proof of identity of the above individual was subscribed and sworn to before me in							
	(Cou	nty name)	County, Colorado on	this(Day)	day of(Month	<u>,</u> 20	.	
	(Notary's o	official signature)						
	(Commissi	ion expiration date)						
						AFFIX NOT	ARY SEAL	