

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

Removal from Voluntary Caregiver Registry

The Voluntary Caregivers Registry provides new patients with contact information for primary caregivers in their area. Current and prospective primary caregivers may choose to have their contact information listed in the database. By completing this form, you are requesting to have your contact information removed from the Voluntary Caregiver Registry list. Your contact information will be re-designated confidential. No other changes will be made to your caregiver status with the Registry.

Instructions:

Mail to:

- 1. Complete all required sections of the form neatly and accurately.
- There are no fees to file this form.
- 3. **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.
- 4. Make a copy of this form for your files.
- 5. Send a copy of your current ID.
- Submit paperwork by mail or deliver to the Registry's drop-box within 10 days of your signature. The Registry does not accept forms by fax or e-mail.

Drop-Box:

<u>wan</u>	<u></u>	Diop-Box.			
		Colorado Dept. of Public Health & I	Environment		
Customer Service Unit		710 S. Ash Street, South East Entrance			
CDPHE		Open: Monday-Friday, 7:00 a.m. to 6:00 p.m.			
HSV-8608		The drop box is on the wall inside the first set of glass doors. Your			
4300 Cherry Creek Drive South		paperwork must be in a sealed envelope. You will not receive a			
Denver, CO 80246-1530		receipt. If you wish to have a receipt, please mail in your			
STAFF		paperwork by certified mail.			
ONLY	Caregiver Information				
	A copy of the caregiver's ID is required.				
	The name on the form must match the legal name on the caregiver's ID.				
	1. Caregiver's Last Name	2. Caregiver's First Name	3. Middle Initial		
Evaluated &					
Data Entry	4. Caregiver's Mailing Address	4a. Apartment/Suite #	1		

6. State

Da

Corrections:

5. City

10. E-mail Address (optional)*

11. Caregiver's Signature		n provided is corre	12. Date Signed: (mm/dd/yyy
The signature and proof	of identity of the above indivi	idual was subscribe	d and sworn to before me in
	County, Colorado on this _	day of	, 20
(County name)		(Day)	(Month)
Notary's official signature)			
rioming a criterian argumente)			
Commission expiration date)	 -		
. ,			

7. Zip Code

8. Date of Birth

9. Telephone Number