



# COLORADO

## Medical Marijuana Registry

Department of Public Health & Environment

## Change, Replacement or Surrender Request

In order to change, replace or surrender your medical marijuana card, complete the **Patient Information** section and applicable section(s) of this form.

### To request a replacement card:

1. Complete section 12 of this form.
2. Include a copy of your Colorado driver's license or photo ID.

\*If the print is rubbing off of your card, you must include a photo of the front and back of your damaged card in order to receive a replacement.

NOTE: Patients are allowed one lost or stolen replacement card during their annual registration period. Additional requests to replace a lost or stolen card will require the patient to submit a Change, Replacement or Surrender Form along with a copy of his or her Colorado ID and a \$15.00 processing fee, by mail, to receive a replacement card.

### To change your name:

1. Complete section 13 of this form.
2. Include copies of certified documentation such as a marriage certificate, divorce decree or other court documents to show your name change.
3. Include a copy of your Colorado driver's license or photo ID reflecting your new name.

### To change your caregiver: (Your caregiver can only be changed once every 30 days)

#### To remove your caregiver

1. Complete section 13 of this form.
2. Include a copy of your Colorado driver's license or photo ID.

#### To add a caregiver

1. Complete section 14 of this form.
2. Include a Caregiver Acknowledgment form.
3. Include a copy of your and the caregiver's Colorado driver's licenses or photo ID's.

### To change your homebound status:

1. Complete section 15 of this form.
2. Include a new Physician Certification reflecting your new homebound status.
3. Include a copy of your Colorado driver's license or photo ID.

### To surrender your card:

1. Complete section 16 of this form.
2. Include a copy of your Colorado driver's license or photo ID.
3. Include your medical marijuana registry card.

### **For patients under the age of 18:**

The primary parent/legal guardian's signature is required on all forms for patients under the age of 18 along with a copy of the primary patient's Colorado driver's license or photo ID.

### **Submit paperwork by mail or deliver to the Registry's drop-box:**

**Mail:** Application Processing, CDPHE, HSV-8608, 4300 Cherry Creek Dr S, Denver, CO 80246-1530

**Deliver to drop-box:** 710 S Ash St, southeast entrance, 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.



Change, Replacement or Surrender Request

This is a request to:

- Receive a replacement card, Change my name, Change my caregiver, Change my homebound status, Surrender my card, Change my address

STAFF ONLY
Evaluated

Patient Information The mailing address listed below is for the patient and is where the card will be mailed
1. Last Name, 2. First Name, 3. Middle Initial, 4. Date of Birth, 5a. Patient Mailing Address, 5b. Apt/Ste #, 6. City, 7. State CO, 8. Zip Code, 9. County, 10. Telephone, 11. Email

12. Request a Replacement Card
Card number (if known):, Date of damage/loss/theft:
My Card was: Damaged, Lost, Stolen

13. Change my name I have enclosed a copy of the certified, official document that proves my name change
New Name: Last Name, First Name, Middle Initial
Old Name: Last Name, First Name, Middle Initial

14. Change my Caregiver (A Caregiver Acknowledgement must be submitted with this form to add a caregiver)
This is a request to: Add a caregiver, Remove my caregiver
Caregiver Last Name, Caregiver First Name, Caregiver Date of Birth
What benefits do your caregiver and their products provide that improve your health and wellbeing?

15. Change my Homebound Status (A new Physician Certification must be submitted with this form)
I am: Now homebound, No longer homebound

16. Request to Surrender I am requesting to terminate my right to possess and use medical marijuana
Card Status: I have included my card with this form, I do not have my card

I hereby certify that I, the patient, have verified the above information to be accurate and complete and no one other than me (or my legally authorized representative) is submitting this request on my behalf.

17a. Patient's or Authorized Representative's Signature: 17b. Signature Date