



# COLORADO

## Medical Marijuana Registry

Department of Public Health & Environment

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## Change, Replacement or Surrender Request

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

### 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 your damaged card in order to receive a replacement.

### 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 parent'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-8630, 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

Form with sections: Patient Information, 12. Request a Replacement Card, 13. Change my name, 14. Change my Caregiver, 15. Change my Homebound Status, 16. Request to Surrender, and signature lines.