

Patient Registration

Registration Information (Official Use)

Registration Type	New
Patient Registration ID	16-253-141-GM
Status:	Pending Staff Review
Submit Type:	Online
Expiration Date:	

Application for Medical Marijuana Card

Application Type:	I am applying for myself
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Patient Information

First Name:	Jane
MI:	
Last Name:	Doe
SSN:	000-00-0000
DOB:	01/14/1980
Is the Patient a Minor?	
Gender:	Female
Patient Mailing Address:	123 No Place Circle
Apt./Suite#:	
City:	Denver
County:	Denver
State:	CO
Zip:	80246
Email Address:	janedoetest@state.co.us
Phone:	(000) 000-0000
Deceased:	No

Primary Parent Information

Legal Representative Information

First Name:	
Last Name:	
DOB:	

Mailing Address:

Apt./Suite#:

City:

County

State:

Zip:

Email:

Phone:

Please upload a copy of the minor Patient's Birth Certificate: *No Attachment*

Is there a second parent listed on the birth certificate?

Please upload a copy of the Legal Representative Documentation: *No Attachment*

Primary Parent - Proof of Identity

Patient - Proof of Identity

Please provide your Colorado Driver's License or Colorado ID Card information:

Identification Type: Colorado Drivers License / Colorado ID Card

Submitting Non-Colorado Identification requires two forms of identification, and two forms of proof of residency. Please complete the fields below:

Identification Type Other:

Identification Number: 00-000-0000

Identification Issue Date: 01/14/1980

Identification Expiration Date: 01/14/2080

Attach a Photo/Scan of Identification: *No Attachment*

Secondary Identification Type:

Attach a Photo/Scan of Secondary Identification: *No Attachment*

Proof of Residency

Submitting Non-Colorado Identification requires two forms of identification, and two forms of proof of residency. Please complete the fields below:

Proof of Residency Type:

Attach a Photo/Scan of Proof of Residency: *No Attachment*

Secondary Proof of Residency Type:

Attach a Photo/Scan of Secondary Proof of Residency: *No Attachment*

Secondary Parent Information

First Name:

Last Name:

Secondary Parent Status:

Which Parent Should Be Displayed on the Card

Secondary Parent Consent Form

No Attachment

Please attach a copy of the Secondary Parent's ID or Driver's License:

No Attachment

Please attach a copy of the Secondary Parent's Death Certificate:

No Attachment

Please attach a copy of the minor Patient's Custody Order:

No Attachment

Second Parent - Proof of Identity

Second Parent Identification Type

Second Parent Identification Issue Date

Second Parent Identification Expiration Date

Second Parent Identification Type Other

Second Parent Proof of Identity File

No Attachment

Second Parent Secondary Identification Type

Attach a Photo/Scan of Second Parent Secondary Identification:

No Attachment

Second Parent Proof of Residency

Second Parent Proof of Residency

Attach a Photo/Scan of Proof of Second Parent Residency:

No Attachment

Second Parent Secondary Proof of Residency Type

Attach a Photo/Scan of Second Parent Secondary Proof of Residency

No Attachment

Legal Representative - Proof of Identity

Legal Representative Identification Type

Legal Representative Identification Number

Legal Representative Identification Issue Date

Legal Representative Identification Expiration Date

Legal Representative Proof of Identity File

No Attachment

Legal Representative Secondary Identification Type

Attach a Photo/Scan of Legal Representative Secondary Identification

No Attachment

Legal Representative Proof of Residency

Legal Representative Proof of Residency

Attach a Photo/Scan of Proof of Legal Representative Residency

No Attachment

Legal Representative Secondary Proof of Residency Type

Legal Representative Proof of Residency 2 File

No Attachment

Requesting Fee Waiver/Tax-Exempt Status?

No

Once you receive your registry card, will you have a medical marijuana

center grow all your medical marijuana plants?

Yes

I hereby certify that I have verified the above information to be accurate and complete and no one other than myself is submitting this request on my behalf.

Applicant Signature (type your full name)

Testy Test1

Surrender Date:

Surrender Reason:

Workflow Actions

Created By

TEST1, FIRSTNAMETEST1

Created Date

09/09/2016 12:52 PM

Updated By

[REDACTED], [REDACTED]

Updated Date

12/13/2016 03:33 PM

