



Colorado Department
of Public Health
and Environment

Medical Marijuana Registry



CHANGE OF ADDRESS

INSTRUCTIONS:


When there has been a change in the address of a patient who has qualified for a registry identification card, that **patient must** notify the state health agency of any such change within **ten (10) days**. Please complete all required information in **blue ink**, sign, and date in front of notary, and have notarized. **Whiteout and cross-outs** will void this form. Mail this form with a legible copy of the patient's photo ID to:

Colorado Department of Public Health and Environment
Medical Marijuana Registry or MMR
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Incomplete forms or forms without ID, will be returned to the applicant. You may contact the Registry at 303-692-2184.

APPLICANT ID Required	1. Last Name <i>(as it appears on your ID)</i>		2. First Name <i>(as it appears on your ID)</i>		3. Middle Initial	
	4. Mailing Address		5. City	6. Zip Code		State CO
	7. County		8. Social Security Number		9. Date of Birth	10. Telephone Number
				11. e-mail Address*		M <input type="checkbox"/> F <input type="checkbox"/>

PATIENT'S PROOF OF IDENTITY AND PROOF OF RESIDENCY IN COLORADO

At least 1 of the following	Or at least 2 of the following
Colorado Driver's License	Minimum of 1 from the group of ID's below -
Colorado ID	Out of State Driver's License
Temporary Colorado Driver's License	Out of State ID
Temporary Colorado ID	Passport, Military ID, Tribal ID
 Colorado Department of Public Health and Environment	And a Minimum of 1 from the group below -
	Work Identification/paycheck stub/W-2
	Utility bill, medical/insurance bill or cable bill
	<i>The above items must show a Colorado residence</i>

All Documents must be currently valid!

At least one of these documents must show the applicant's date of birth.

WARNING! THE USE, POSSESSION, DISTRIBUTION, AND MANUFACTURE OF MARIJUANA REMAINS A FEDERAL CRIME IN COLORADO, AND POSSESSION OF A REGISTRATION CARD PROVIDES NO PROTECTION WHATSOEVER AGAINST FEDERAL CRIMINAL PROSECUTION.

I hereby certify that the above information is correct and complete.

13. Applicant's Signature: 	14. Date Signed:
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The Applicant's Signature has been subscribed and affirmed before me in the county of _____, State of Colorado, this _____ day of _____, 20_____.

(Notary's Official Signature)

(Commission expiration date)

AFFIX NOTARY SEAL

Rev. July 2010

* I consent for communications from the Registry via e-mail