Colorado Department of Public Health and Environment

Medical Marijuana Registry Application Form

PLEASE SEE BACK OF THIS SHEET FOR INSTRUCTIONS

❑ NEW
This is the first time I've applied in Colorado.

❑ RENEWAL
I have been on the Colorado Registry before.

APPLICANT

Last Name *(as it appears on your ID)*	First Name *(as it appears on your ID)*	Middle Initial

Mailing Address	City	County	State	Zip Code

Social Security Number	Date of Birth	Telephone Number	Gender
– –	/ /	Alternate Number	M ❑ F ❑

CAREGIVER

❑ **None** (Skip caregiver section)	Last Name *(as it appears on ID)*	First Name *(as it appears on ID)*	Middle Initial

Mailing Address	City	State	Zip Code

Date of Birth	Telephone Number	Alternate Number
/ /		

PHYSICIAN

Last Name	First Name	Middle Initial

Mailing Address	City	State	Zip Code

Telephone Number	Fax Number

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.

Applicant's Signature: ▶	Date Signed:

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