



Medical Cannabis Program Information Change/Replacement Card Form

Website: www.nmhealth.org/go/mcp
Telephone Number: 505-827-2321

Please Clearly Print your information here:		
Name:		Date of Birth (DD/MM/YYYY): ____/____/____
Mailing Address (Street number and name):		Apt #:
City:	County:	Zip Code:
Phone Number: (____) _____ - _____	Email Address:	

Please remember, if your card has expired, you will need to complete a Patient Application.

Card you need replaced:

- ____ **Patient ID card/Enrollment Card** (No cost)
- ____ **Caregiver Card** (No cost)
- ____ **Personal Production License Card (PPL)** - \$50.00 fee required*

*If this is a change of address for a Personal Production License, please complete a new Personal Production License Application for the new location.

Reason for replacement card (please check only one):

- ____ **Lost or Stolen card**
 - ____ **Did Not Receive Card**
 - ____ **Address Change**
 - ____ **Legal Name Change (Provide Court Documents or Marriage License)**
- Name prior to name change _____

By signing below you affirm:

- You did not receive a Medical Cannabis Program enrollment card; or you received this card, but it was stolen, lost, destroyed, or needs corrected information.
- If this is a change of address for a PPL, you acknowledge that you are aware you may not grow at the previously approved location.

★ Patient signature: _____ Date: _____

This form may be Mailed, Dropped-off at the MCP Offices, or Faxed. Fax Number: 505-476-3025
*Please note: applications, medical records, and other documents cannot be faxed.
If submitting this form with other documents, please mail or drop off.*

**Mail To: Department of Health
Medical Cannabis Program
1190 St. Francis Drive, P.O. Box 26110
Santa Fe, NM 87502-6110**

**Drop Off To: Department of Health
Medical Cannabis Program**
please do not mail
to this address **1474 Rodeo Road, Suite 200
Santa Fe, NM 87505**