



Medical Marijuana Registry

4300 Cherry Creek Drive South, Denver, CO 80246-1530 • 303-692-2184

E-mail: medical.marijuana@state.co.us • Website: www.cdph.state.co.us/hs/medicalmarijuana

Removal from Voluntary Caregiver Registry

The Voluntary Caregivers Registry provides new patients with contact information for primary caregivers in their area. Current and prospective primary caregivers may choose to have their contact information listed in the database. **By completing this form, you are requesting to have your contact information removed from the Voluntary Caregiver Registry list. Your contact information will be re-designated confidential. No other changes will be made to your caregiver status with the Registry.**

Instructions:

1. Complete all required sections of the form neatly and accurately.
2. **Do not write-over, cross-out, or use white-out on this form, or it will be voided.** If you make a mistake on the form, please complete a new one.
3. Make a copy of this form for your files.
4. Submit the original to the Registry with a copy of your current photo ID.
5. Submit paperwork by mail or deliver to the Registry's drop-box within 10 days of your signature. The Registry does not accept forms by fax or e-mail.

Mail to:

Debra Tuenge, Customer Service Supervisor
Colorado Dept. of Public Health & Environment
HSV-MMR
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Drop-Box:

Colorado Dept. of Public Health & Environment
710 S. Ash Street, South East Entrance
Open: 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.**

STAFF ONLY

CSU Approval
 Yes No

Corrections:

Caregiver Information				
A copy of the caregiver's photo ID is required.				
The name on the form must match the legal name on the caregiver's ID.				
1. Caregiver's Last Name		2. Caregiver's First Name		3. Middle Initial
4. Caregiver's Mailing Address (including Apartment or Suite #)				
5. City	6. State	7. Zip Code	8. Date of Birth / /	9. Telephone Number () -
10. E-mail Address (optional)*				
* By providing your e-mail address, you agree to receive communication from the Registry by e-mail.				
I hereby certify that all information provided is correct and complete.				
11. Caregiver's Signature: 			12. Date Signed: (mm/dd/yyyy)	

The signature and proof of identity of the above individual was subscribed and sworn to before me by

_____ in _____ County, Colorado
(Name of caregiver printed by notary) (County name)

on this _____ day of _____, 20____.
(Day) (Month)

(Notary's official signature)

(Commission expiration date)

AFFIX NOTARY SEAL