



## Change, Replacement or Surrender Request Instructions

In order to change, replace or surrender your Medical Marijuana Use Registry Identification Card, complete the Cardholder Information section and applicable section(s) of this form. By providing your email address, you consent to the Department contacting you through that email address.

### **To request a replacement card in the event of damage/loss/theft or change address:**

- Complete section A of this form
- Include a copy of your Florida driver license, Florida identification card, or other valid proof of residency as established in section 381.986(5)(b), Florida Statutes.

### **To change your name :**

- Complete section B of this form
- Include a copy of your Florida driver license, Florida identification card, or a copy of your marriage certificate, divorce decree or other court document to show your name change.

### **To change your caregiver:**

To remove your caregiver

- Complete section C of this form

To change or add a caregiver

- Complete section C of this form
- Have your new caregiver complete a Medical Marijuana Use Registry Identification Card Caregiver Application

**If a legal representative is signing on behalf of the patient to change or add a caregiver, the legal representative must provide proof of legal representation as stated in DH8009-OCU-03/2018, "Medical Marijuana Use Registry Identification Card Qualified Patient Application."**

NOTE: Replacement, name or address change, and caregiver change cards will require the submission of this form, along with a \$15 check or money order (application fee) made out to Florida Department of Health.

### **To surrender your card:**

- Complete section D of this form
- Include your Medical Marijuana Use Registry Identification card

**For minor patients:** The parent or legal guardian's signature is required on all forms for minor patients, along with a copy of the parent or legal guardian's Florida driver license or Florida identification card.

### **MAIL COMPLETED REQUEST TO:**

Office of Medical Marijuana Use  
PO Box 31313  
Tampa, FL 33631-3313



## Change, Replacement or Surrender Request

Mail Completed Request to: Office of Medical Marijuana Use PO Box 31313 Tampa, FL 33631-3313	<input type="checkbox"/> Patient	<input type="checkbox"/> Caregiver
	Patient Registry ID #: _____	

**This is a request to:**

- |   |   |
|---|---|
| <input type="checkbox"/> Receive a replacement card | <input type="checkbox"/> Change, add, or remove a caregiver |
| <input type="checkbox"/> Change my name             | <input type="checkbox"/> Change my address                  |
| <input type="checkbox"/> Surrender my card          |   |

Cardholder Information The address below is where the card will be mailed					
First Name		Last Name		Middle Initial	
Date of Birth	Social Security Number		Address <i>(new address if applicable)</i>		
City		Apt/Ste #	State	Zip Code	County
Telephone		Email (optional to receive communication by email)			

A. Request a Replacement Card	
Card Number (if known):	Date of Damage/loss/theft: (if applicable)
Reason for replacement: <input type="checkbox"/> New address <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Stolen	

B. Name Change (Include a copy of the document that proves name change)			
<b>New Name</b>	First Name	Last Name	Middle Initial
<b>Old Name</b>	First Name	Last Name	Middle Initial

