



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:

Form with fields for Name, Date of Birth, Mailing Address, City, County, Zip Code, Phone Number, and 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)

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
___ Need ID code to complete electronic application
___ Need card reprinted with annual verification

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
1474 Rodeo Road, Suite 200
Santa Fe, NM 87505