



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, Apt #, 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 a card, but it was stolen, lost, destroyed, or needs corrected information.

★ 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