



Medical Marijuana Registration Application Patients under age 18

Colorado Medical Marijuana Registry

- New and renewal applicants under age 18
- Mail this form
- Receive response in 35 days

Paper mail-in applications are reserved for patients who do not have access to internet resources. If you apply by mail, all correspondence from the Registry will take place via United States Postal Service (USPS). Applications should be mailed by the parent or legal representative only. [Apply online](#) to skip the wait and receive your card in 3-5 business days!

Use these instructions and checklists to make sure you have all required documentation.

I am a parent or legal representative applying on behalf of a minor

- Completed and notarized application.
- Visit two medical providers to obtain two provider certifications.
Your providers will submit the certifications to the Registry electronically and will give you copies for your records. You must finish the rest of the application process within 6 months of the date your provider certifications were issued. You must submit a new provider certification each time you apply.
- Provide a clear, legible copy of the primary parent's valid Colorado driver's license or identification card (ID). All four corners should be visible.
- Provide a clear, legible copy of the minor patient's certified birth certificate. All four corners of the document should be visible.
- Provide identity documentation for second parent.
 - o Parent lives in Colorado, include a copy of their valid Colorado driver's license or ID.
 - o Parent **does not** live in Colorado, include a copy of their valid out of state driver's license or ID.
 - o Parent does not have custody, include a legible copy of the certified court-issued sole custody order.
 - o Parent is deceased, include a legible copy of the certified death certificate.
- If there is a third parent listed on the birth certificate, provide identity documentation for the parent.
 - o Parent lives in Colorado, include a copy of their valid Colorado driver's license or ID.
 - o Parent **does not** live in Colorado, include a copy of their valid out of state driver's license or ID.
 - o Parent does not have custody, include a certified copy of a court-issued sole custody order.
 - o Parent is deceased, include a certified copy of the death certificate.
- Include a \$25 check or money order made out to CDPHE. This is payment is non-refundable and is required each time you apply.
If you apply with a caregiver also include
 - A legible copy of your caregiver's valid Colorado driver's license or ID.
 - Your caregiver's registration ID to list on your application.

Adult applicants

- If you are an adult applying for yourself or a legal representative applying on behalf of an adult please use [the adult application](#).

Submit your application

We suggest sending your application via USPS certified mail. The Registry is not responsible for mail that is lost, stolen, or reported missing.

- Make copies of your application packet for your personal records before mailing it.
- Mail it to
Application Processing
CDPHE HSV-8630,
4300 Cherry Creek Dr. S. Denver, CO
80246-1530

If you do not receive your card or a letter from the Registry within 35 days email: medical.marijuana@state.co.us or call us at 303-692-2184 Monday- Friday from 9 a.m. 4 p.m.

Medical Marijuana Registration Application for patients under age 18

I am a: Renewal applicant First time applicant
 I am applying for: My minor child A minor child as a legal representative

Step 1
Patient information
Required

Legal first name		Middle initial	Legal last name and suffixes	
Date of birth (mm/dd/yy)	Social security number (xxx-xx-xxxx)		SEX (as it appears on the birth certificate) <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X	
Mailing address (card and all correspondence from the registry will be mailed here)				Apt/Ste #
City		CO	Zip code	County

Step 2
Parent or legal representative information
Required

All parents living in Colorado will be listed on the card

Primary parent legal first name		Primary parent legal last name and suffixes		
Primary parent social security number (xxx-xx-xxxx)	Primary parent date of birth (mm/dd/yy)	Telephone (000-123-4567)		
Mailing address				Apt/Ste #
City		Zip code	County	
Email				<input type="checkbox"/> Copy of parent's valid Colorado driver's license or ID is attached

Second parent/legal representative information

Skip if you are the only legal representative or parent on the birth certificate

Second parent legal first name		Second parent legal last name and suffixes		Date of birth (mm/dd/yy)
Does the second parent or legal representative live in Colorado?				
<input type="checkbox"/> No Select an option below and provide the corresponding information. <input type="checkbox"/> Lives in out of state. Copy of the second parent/legal representative's valid out of state driver's license or ID is attached. <input type="checkbox"/> Is deceased. Copy of the second parent/legal representative's certified death certificate is attached. <input type="checkbox"/> Does not have any custody. Copy of the certified court-issued sole custody order is attached.				
<input type="checkbox"/> Yes Enter the parent or legal representative's address below, attach copy of their valid Colorado driver's license or ID, and both parents sign notarization section.				
Mailing address				Apt/Ste
City		CO	Zip code	County
				<input type="checkbox"/> Copy of parent's valid Colorado driver's license or ID is attached

Third parent or legal representative information

Skip if there is not a third legal representative or parent on the birth certificate

Third parent legal first name		Third parent legal last name and suffixes		Third parent date of birth (mm/dd/yy)
Does the third parent or legal representative live in Colorado?				
<input type="checkbox"/> No. Select an option below and provide the corresponding				
<input type="checkbox"/> Lives out of state. A copy of the parent or legal representative's out of state driver's license or ID is attached.				
<input type="checkbox"/> Is deceased. A copy of certified death certificate is attached.				
<input type="checkbox"/> Does not have custody. A copy of the certified court-issued custody agreement is attached.				
<input type="checkbox"/> Yes. Enter the parent or legal representative's address below, attach copy of their valid Colorado driver's license or ID, and all parents sign notarization section.				
Mailing address				Apt/Ste #
City	CO	Zip code	County	<input type="checkbox"/> Copy of parent's valid Colorado driver's license or ID is attached

Step 3

Choose one cultivation option
Required

<input type="checkbox"/> I will get all of the patient's medical marijuana from a center (dispensary).
<input type="checkbox"/> A caregiver will grow all of the patient's medical marijuana.
<input type="checkbox"/> The primary parent/legal representative will grow all of the patient's medical marijuana.
<input type="checkbox"/> A center and primary parent/legal representative will grow the patient's medical marijuana. Center will grow ____ (number) of plants and ____ oz. I will grow ____ (number) of plants and ____ oz.
<input type="checkbox"/> A caregiver and the primary parent/legal representative will grow the patient's medical marijuana. Caregiver will grow ____ (number) of plants and ____ oz. I will grow ____ (number) of plants and ____ oz.
<input type="checkbox"/> Both parents will grow some of the patient's medical marijuana at different locations. Primary parent will grow ____ (number) of plants and ____ oz. Second parent will grow ____ (number) of plants and ____ oz.
<input type="checkbox"/> Both parents will grow some of the patient's medical marijuana at different locations and a center will grow some medical marijuana. Primary parent will grow ____ (number) of plants and ____ oz. Second parent will grow ____ (number) of plants and ____ oz. Center will grow ____ (number) of plants and ____ oz.
<input type="checkbox"/> Both parents will grow some of the patient's medical marijuana at different locations and a caregiver will grow some medical marijuana. Primary parent will grow ____ (number) of plants and ____ oz. Second parent will grow ____ (number) of plants and ____ oz. Caregiver will grow ____ (number) of plants and ____ oz.

Caregiver information

Skip if you do not have a caregiver

<input type="checkbox"/> I have a cultivating caregiver.	Caregiver legal first name	Caregiver legal last name and suffixes	Caregiver registration ID number
<input type="checkbox"/> I have a transporting caregiver.	Caregiver legal first name	Caregiver legal last name and suffixes	Caregiver registration ID number
<input type="checkbox"/> I am a parent or legal representative providing my optional caregiver registration ID.	Primary parent legal first name	Primary parent legal last name and suffixes	Caregiver Registration ID number
	Second parent legal first name	Second parent legal last name And suffixes	Caregiver Registration ID Number
What benefits does your caregiver provide for your health and well-being?			<input type="checkbox"/> Copy of my caregiver's valid Colorado driver's license or ID is attached

Step 4 Sign and notarize Required

I, (the patient, parent, or legal representative) hereby certify that I have verified the above information to be accurate and complete and no one other than me is submitting this request. I authorize the Medical Marijuana Registry to contact me using the telephone number and address I provided, and understand all correspondence from the Registry will be through postal mail. I understand incomplete applications will not be accepted.

Primary parent or legal representative signature	Date
Second parent or legal representative signature (leave this line blank if no second parent, or second parent does not live in Colorado)	Date
Third parent signature (leave this line blank if there is not a third parent on the birth certificate or third parent does not live in Colorado)	Date

Notary affirmation

Subscribed and affirmed before me in the county of _____, State of Colorado

this _____ day of _____, 20_____.

(Notary's official signature)

(Commission Expiration)

Notary seal

Staff only

Notes