



Patient or Caregiver Registry Information Change Request



Mail completed form to: Arkansas Dept. of Health, Medical Marijuana Section
4815 West Markham Slot 50
Little Rock, AR 72205

Cardholder Information (OLD)				
First Name	MI	Last Name	Phone	
Street Number and Name (or PO Box)				
Unit Type (Apt, Unit, Suite, etc.)	Unit Number			
City	State	Zip Code		
Cardholder Information (NEW)				
First Name	MI	Last Name	Phone	
Street Number and Name (or PO Box)				
Unit Type (Apt, Unit, Suite, etc.)	Unit Number			
City	State	Zip Code		
Medical Marijuana Registry Card ID (if known)				
Registry Identification Code	4d	Expiration	4b	Document ID Code 5
				Date of Birth (MM/DD/YYYY) 3
Card Replacement				
<input type="checkbox"/> Need replacement card				
Reason for Change				
<input type="checkbox"/> Name change (attach documentation)				
<input type="checkbox"/> Address Change				
<input type="checkbox"/> Cancel (No longer wanted or needed) Card #:				
<input type="checkbox"/> Add Caregiver	Name	DOB (MM/DD/YYYY)	Registry Identification Code	
<input type="checkbox"/> Remove Caregiver	Name			
<input type="checkbox"/> Other reason:				
Date when change will take place				
Date (MM/DD/YYYY)				
I affirm the information stated here is accurate and true. I understand the issuance of a new ID card will render any and all previous ID cards void. Usage of a lost, stolen or voided card may affect your current and/or future Arkansas Medical Marijuana Registry ID status.				
Signature			Date (MM/DD/YYYY)	