



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Medical Cannabis Registry Card Change of Information Form

The following information is being changed:

- | | |
|---|--|
| <input type="checkbox"/> Patient Name | <input type="checkbox"/> Caregiver Name |
| <input type="checkbox"/> Patient Address | <input type="checkbox"/> Caregiver Address |
| <input type="checkbox"/> Caregiver Change/New Caregiver | |

Qualifying Patient Information

First Name		Middle Name		Last Name	
Registry Identification Number:		QP.			
Home Address			Prior Last Name (if changing name)		
Apartment or Suite #	City		State	ZIP Code	
			IL		
Telephone Number (###-###-####)	Date of Birth (mm/dd/yyyy)	Driver's License #		I do not have a driver's license <input type="checkbox"/>	

Caregiver Information

First Name		Middle Name		Last Name	
Registry Identification Number:		CP.			
Home Address			Prior Last Name (if changing name)		
Apartment or Suite #	City		State	ZIP Code	
			IL		
Telephone Number (###-###-####)	Date of Birth (mm/dd/yyyy)	Driver's License #		I do not have a driver's license <input type="checkbox"/>	

You must include any required documents and payment with this form.

PROTECTING HEALTH, IMPROVING LIVES