



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

Medical Cannabis Registry Card Change of Information Form

Please complete the following information along with a check or money order **(see back of form for required fees and instructions)**:

Illinois Department of Public Health
 Division of Medical Cannabis
 535 W. Jefferson Street
 Springfield, IL 62761-0001

The following information has changed:

- Patient Name Caregiver Name Photograph
 Patient Address Caregiver Address Other _____

Qualifying Patient Information

First Name	Middle Name	Last Name	
Registry Identification Card Number:			
Home Address		Prior Last Name	
Apt or Suite #	City	State IL	Zip Code
Phone Number	Date of Birth		Driver's License #

Caregiver Information

First Name	Middle Name	Last Name	
Registry Identification Card Number:			
Home Address		Prior Last Name	
Apt or Suite #	City	State IL	Zip Code
Phone Number	Date of Birth		Driver's License #

Change of Information Form Instructions

Change of Application Information (including name and address change)

Registered qualifying patients and caregivers **must notify** the Illinois Department of Public Health, Division of Medical Cannabis, **within 10 days** when there is any change in the information submitted with their application (77 Ill. Adm. Code 946.50). **If you do not contact IDPH about a change in your application information, you will not be able to purchase medical cannabis.**

Your medical cannabis registry identification card file can be updated by mailing the **Medical Cannabis Registry Card Change of Information Form** (this form) and any required documents, along with payment in the form of a check or money order to:

Illinois Department of Public Health
 Division of Medical Cannabis
 535 West Jefferson Street
 Springfield, IL 62761-0001

Required Fees

Change	Non-refundable Card Reprinting Fee:	New cards issued:
Patient name change or New Photograph	\$25	New patient and/or caregiver registry card
Caregiver name change	\$25	New caregiver and/or patient registry
Patient or caregiver address change	\$25	New patient and/or caregiver registry identification card

**** ALL CHECKS OR MONEY ORDERS MADE OUT TO IDPH ****

Change of address: include a copy of your new Illinois driver's license OR any two items listed below"

- Pay stub or electronic deposit receipt issued less than 60 days prior to the date of application that shows evidence of the applicant's withholding for state income tax
- Valid voter registration card with an address in Illinois
- Military veterans' identification card with listed address
- A valid, unexpired Illinois driver's license or other state identification card issued by the Illinois secretary of state (**Temporary licenses are accepted**).
- Bank statement (dated less than 90 days prior to application) or credit card statement (dated less than 60 days prior to application)
- Deed/title, mortgage, rental/lease agreement, property tax bill
- Insurance policy (current coverage for automobile, homeowner's, health or medical, or renter's)
- Medical claim or statement of benefits (from a hospital or health clinic, private insurance company or public (government) agency, dated less than 12 months prior to application)
- Tuition invoice/official mail from college or university, dated less than 12 months prior to application
- Utility bill, including, but not limited to, those for electric, water, refuse, telephone land-line, cellular phone, cable or gas, issued less than 60 days prior to application
- W-2 from most recent tax year

Change of name for registered qualifying patient or caregiver: include a copy of your U.S. or Illinois government-issued photo ID showing your new name