

# STATE OF COLORADO

John W. Hickenlooper, Governor  
Christopher E. Urbina, MD, MPH  
Executive Director and Chief Medical Officer



Colorado Department  
of Public Health  
and Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.      Laboratory Services Division  
Denver, Colorado 80246-1530      8100 Lowry Blvd.  
Phone (303) 692-2000      Denver, Colorado 80230-6928  
Located in Glendale, Colorado      (303) 692-3090

<http://www.cdphe.state.co.us>

## REPORT OF MISSING OR STOLEN MEDICAL MARIJUANA REGISTRATION CARD

**\*\*\*MUST BE COMPLETED IN BLUE INK\*\*\***

Please return this report **with a copy of your ID** to:

Joel F. Wade, Fraud Prevention Officer  
Department of Public Health and Environment  
4300 Cherry Creek Drive South, HSVRD-VR-A1  
Denver, CO 80246-1530

### Name, address, and phone number of person completing this form:

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Card ID Number (if known): \_\_\_\_\_

**About what date was the certificate missing or stolen:** \_\_\_\_\_

**Please write a brief statement about what happened to registration card.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Applicant's Signature has been subscribed and affirmed before me in the county of \_\_\_\_\_, State of Colorado, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary's Official Signature)

\_\_\_\_\_  
(Commission expiration date)

**NOTICE:** This form must be completed and reviewed by the Registry before a replacement card will be issued. The Serial Number of the Lost/Stolen registration card may be shared with appropriate government and law enforcement agencies in an effort to protect the Registrant, and the people of Colorado. Information is not released to the general public.