Please remember, if your card has expired, you will need to complete a Patient Application.

Card you need replaced:
- Patient ID card/Enrollment Card (No cost)
- Caregiver Card (No cost)

Reason for replacement card (please check only one):
- Lost or Stolen card
- Did Not Receive Card
- Need ID code to complete electronic application
- Need card reprinted with annual verification
- Address Change
- Legal Name Change (Provide Court Documents or Marriage License)
  Name prior to name change ____________________________

By signing below you affirm:
- You did not receive a Medical Cannabis Program enrollment card; or you received a card, but it was stolen, lost, destroyed, or needs corrected information.

Patient signature: ____________________________ Date: ____________________________

This form may be Mailed, Dropped-off at the MCP Offices, or Fax ed. Fax Number: 505-476-3025

Please note: applications, medical records, and other documents cannot be faxed. If submitting this form with other documents, please mail or drop off.

Mail To: Department of Health
Medical Cannabis Program
1190 St. Francis Drive
P.O. Box 26110
Santa Fe, NM 87502-6110

Drop Off To: Department of Health
Medical Cannabis Program
1474 Rodeo Road, Suite 200
Santa Fe, NM 87505