



Change, Replacement or Surrender Request

Mail Completed Request to: Office of Medical Marijuana Use PO Box 31313 Tampa, FL 33631-3313	<input type="checkbox"/>	<input type="checkbox"/> Caregiver
	Patient Registrant	

This is a request to:

- Renew my card
- Change my address, add, or remove a caregiver
- Replace my card
- Surrender my card

Cardholder Information The address below is where the card will be mailed				
First Name		Last Name		Middle Initial
Date of Birth	Social Security Number	Address <i>(new address if applicable)</i>		
City	State	Zip Code	County	
Telephone	Email (optional to receive communication by email)			

A. Request a Replacement Card	
Card Number if known:	Date of Damage loss theft: (if applicable)
Reason for replacement: <input type="checkbox"/> New address <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

B. Name Change Include a copy of the document that proves name change			
New Name	First Name	Last Name	Middle Initial
Old Name	First Name	Last Name	Middle Initial

C. Change, add, or remove caregiver			
<input type="checkbox"/> Change my caregiver <input type="checkbox"/> Add caregiver <input type="checkbox"/> Remove my caregiver			
Current	First Name	Last Name	Middle Initial
New	First Name	Last Name	Middle Initial

D. Request to Surrender		
Card status:	<input type="checkbox"/> I have included my card	<input type="checkbox"/> I have not included my card

I hereby certify the above information to be accurate and complete and no one other than me, or my legal representative, is submitting this request on my behalf.	
Patient or Legal Representative Name <i>(Print)</i>	
Patient or Legal Representative Signature	Date

NOTICE ON THE COLLECTION, USE, OR RELEASE OF SOCIAL SECURITY NUMBERS

Florida law requires that public agencies provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the public agency collects an individual's social security number. The collection of social security numbers by the Florida Department of Health is either specifically authorized by law or imperative for the performance of the Florida Department of Health's duties and responsibilities as prescribed by law. This notice is provided pursuant to Subsection 119.071(5)(a), Florida Statutes. For the Change, Replacement or Surrender Request, social security numbers are collected and used for identification purposes to ensure that the number identifiers match the identities of the cardholder, as authorized by sections 119.071(5)(a)2. and 119.071(5)(a)6., Florida Statutes. Social security numbers collected for this purpose will remain confidential.