



Minor Patient Consent Form

Colorado Medical Marijuana Registry

- Online minor applicants only
- Notarize
- Upload to online application

All parents and legal representatives applying on behalf of minors must complete and notarize this form.

A new completed and notarized form must be submitted with your application each year.

Step 1

If secondary parent or legal representative lives in Colorado

Both parents must sign the form in the presence of a notary public.

Secondary parent or legal representative does not live in Colorado

Only the primary parent must sign the document in the presence of a notary public.

Step 2
Enter minor
patient
information

Patient first name	Patient last name
Date of birth (mm/dd/yy)	Social security number (xxx-xx-xxxx)

I hereby certify that I am the parent or legal representative of the above named minor and consent to the minor being registered with the Colorado Medical Marijuana Registry. All information I submitted to registry is accurate.

Primary parent signature	Date
----- Primary parent printed name	
Secondary parent signature (leave blank if no secondary or parent does not live in Colorado)	Date
----- Secondary parent printed name	

Step 3
Sign and
notarize

Notary affirmation	
Subscribed and affirmed before me in the county of _____,	
State of Colorado this _____ day of _____, 20_____.	
_____ (Notary's official signature)	
_____ (Commission Expiration)	
Notary seal	