



# 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 this and notarize this form.

## 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

<p>Notary affirmation</p> <p>Subscribed and affirmed before me in the county of _____,</p> <p>State of Colorado this _____ day of _____, 20_____.</p> <p>_____</p> <p>(Notary's official signature)</p> <p>_____</p> <p>(Commission Expiration)</p> <p style="text-align: right;">Notary seal</p>
---