

**Medical Marijuana Registry Patient Application**

Patient Information						<input type="checkbox"/> New Application		<input type="checkbox"/> Renewal			
First Name		MI	Last Name								
Mailing Address											
Street Number and Street Name (or PO Box)											
Unit Number		Unit Type (Apt, Unit, Suite, etc.)									
City						State		Zip Code			
Residence Address (if different from mailing address)									<input type="checkbox"/> Check if homeless		
Street Number and Street Name											
Unit Number		Unit Type (Apt, Unit, Suite etc.)									
City						State		Zip			
Date of Birth (MM/DD/YYYY)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Race		Eye Color		Height '    "		Physically Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
Arkansas DL or ID Number		Expiration Date (MM/DD/YYYY)			Last 4 digits of SSN		Registry ID (for renewals only)				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a member of the Arkansas National Guard or the United States military?									
<b>By signing, I, the patient pledge not to divert marijuana to anyone who is not allowed to possess marijuana under the Arkansas Medical Marijuana Amendment of 2016</b>											
Signature										Date	
Print Name											

Parent / Guardian / Legal Custodian -- Skip if applicant over 18											
First Name		MI	Last Name								
Address											
Unit Number		Unit Type (Apt, Unit, Suite, etc.)									
City						State		Zip Code			
<b>By signing, I confirm that I, as the parent/guardian/legal custodian allow the qualifying patient's medical use of marijuana, will assist the qualifying patient in the medical use of marijuana and will control the acquisition of the marijuana, dosage and the frequency of the medical use of marijuana by the qualifying patient and will register as a designated caregiver.</b>											
Signature										Date	
		<input type="checkbox"/> Parent		<input type="checkbox"/> Custodian		<input type="checkbox"/> Legal Guardian					
Print Name											