



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Replacement of a Lost or Stolen Medical Cannabis Registry Identification Card

Complete the following information mail along with **\$25 (check or money order) replacement card fee, per card, to:**

Illinois Department of Public Health
Division of Medical Cannabis
535 W. Jefferson Street; MC-002
Springfield, IL 62761-0001

- Patient Registry Card lost or stolen (complete patient section below)
- Caregiver Registry Card lost or stolen (complete caregiver section below)

Patient Name	
Date of Birth	
Patient Registry Identification Number	QP.
EMAIL	
Phone Number	
Address	
City	

Caregiver Name	
Date of Birth	
Caregiver Identification Number	CG.
EMAIL	
Phone Number	
Address	
City	