



STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF PUBLIC HEALTH SERVICES  
 THERAPEUTIC CANNABIS PROGRAM

Lori A. Weaver  
 Commissioner

Patricia M. Tilley  
 Director

29 HAZEN DRIVE, CONCORD, NH 03301  
 603-271-9333 1-800-852-3345 Ext. 9333  
 TDD Access: 1-800-735-2964  
 Fax: 603-271-8134 Email: [TCP@dhhs.nh.gov](mailto:TCP@dhhs.nh.gov)

**CHANGE OF INFORMATION / LOST CARD**

*Please type or print clearly.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Registry ID Card #: \_\_\_\_\_  
 (if available)

*Check the box of the change(s) you want to make. See reverse side for complete instructions.*

**Change of Name**

Provide **new** name: \_\_\_\_\_

**Change of Address**

Provide **new MAILING** address:

Provide **new PHYSICAL** address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Lost, Stolen, or Destroyed Registry ID Card**

*To request a replacement card, include a check or money order for \$10 made payable to "Treasurer – State of New Hampshire"*

## **Instructions for “Change of Information / Lost Card” Form**

### **Change of Name or Address**

- You must notify the Program within 10 days of any change to your name or address.
- Provide your new name and/or your new address in the space provided.
- The Program will issue a new Registry ID Card within 20 days of receiving your request.
- There is no fee required for this change.

The completed form can be mailed, faxed, or emailed to:

Mailing address: NH Department of Health and Human Services  
Therapeutic Cannabis Program  
29 Hazen Drive  
Concord, NH 03301

Fax: (603) 271-8134

Email: TCP@dhhs.nh.gov

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### **Lost, Stolen, or Destroyed Registry ID Card**

- You must notify the Program within 10 days of your card being lost, stolen, or destroyed.
- To receive a replacement card, include a check or money order for \$10 made payable to “**Treasurer – State of New Hampshire**”
- The Program will issue a new Registry ID Card within 5 days of receiving your request.

The completed form and payment can be mailed to:

Mailing address: NH Department of Health and Human Services  
Therapeutic Cannabis Program  
29 Hazen Drive  
Concord, NH 03301

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To add, remove, or change a **Designated Caregiver**, use the “Caregiver Designation / Removal” form available at <https://www.dhhs.nh.gov/tcp-forms>.