



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

Lori A. Weaver
Interim Commissioner

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Card Deactivation Request Form

Please type or print clearly.

To be completed by Qualifying Patient:

Name: _____ Date of Birth: _____

Registry ID Card #: _____

I am requesting deactivation of my Therapeutic Cannabis Registry ID Card.

I understand that to re-activate my card, I will have to re-apply to the program by submitting a new Patient Application, Written Certification from my provider, and application fee.

Signature of Qualifying Patient

Date