



**CABINET FOR HEALTH AND FAMILY SERVICES
KENTUCKY MEDICAL CANNABIS PROGRAM
APPLICATION FOR REGISTRY IDENTIFICATION CARD**

PATIENT APPLICANT SIGNATURE PAGE

I hereby verify and affirm that all of the information provided in and with this Application for a Registry Identification Card is true and accurate. I understand that if the Cabinet for Health and Family Services later determines any of the information provided in the Application for a Registry Identification Card to be false, misleading, or inaccurate, the Cabinet may suspend or revoke any registry identification card issued to me and any caregiver designated by me. I further pledge not to divert medicinal cannabis to anyone who is not permitted to possess medicinal cannabis pursuant to KRS Chapter 218B and understand the potential penalties for doing so, including criminal prosecution and revocation of any registry identification card issued by the Cabinet.

Printed Name of Applicant

Signature of Applicant

STATE OF _____

COUNTY OF _____

The above named individual, _____, appeared before me to swear or affirm that the statements made in the Applicant's Application for a Registry Identification Card were true and correct to the best of his/her knowledge and belief this _____ day of _____, 2025.

Notary Public, State at Large
My Commission Expires: