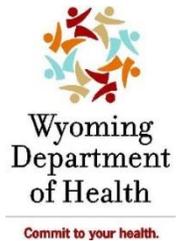


Wyoming Hemp Extract Registry

6101 Yellowstone Rd., Suite 510

Cheyenne, WY 82002

Phone: (307) 777-3744



CHANGE OF CONTACT INFORMATION FORM

Fill out one form per individual. Do not make corrections to the form. Proof of identity required with all forms.

Section A: Patient Information (Required)

The name on this form must match the legal name on your ID.

1. Last Name:	2. First Name:	3. Middle Initial:
14. Date of Birth:	15. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Section B: Contact Information (Required)

If the patient is a minor, the parent/legal guardian must fill out this form.
Check the box of the individual whose information you would like to change.

<input type="checkbox"/> Patient	<input type="checkbox"/> Parent/Legal Guardian	
1. Last Name:	2. First Name:	3. Middle Initial:
New Contact Information		
Fill out all the fields that need to be changed.		
4a. Residential Address:	4b. Apt/Suite#:	
5. City:	6. State:	7. Zip Code:
8a. Mailing Address (if different):	8b. Apt/Suite#:	
9. City:	10. State:	11. Zip Code:
12. Telephone Number:	13. Email Address (optional):	
<small>*By providing your email address, you agree to receive communication from the Registry by email.</small>		
14. Signature:	15. Date:	