

Wyoming Hemp Extract Registry

6101 Yellowstone Rd., Suite 510
Cheyenne, WY 82002
Phone: (307) 777-3744



APPLICATION FOR HEMP EXTRACT REGISTRATION CARD

Refer to application instructions page. Do not make corrections to the form. Proof of identity required with all forms.

Initial Application

Renewal Application

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:
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. Date of Birth:	15. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Section B:

Parent or Legal Guardian Information

If patient is under the age of 18 at the time of application, this section must be completed by the parent or legal guardian.

Parent/Legal Guardian #1:

1. Last Name:	2. First Name:	3. Middle Initial:
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):	
*By providing your email address, you agree to receive communication from the Registry by email.		
14. Date of Birth	15. Relationship to Patient (Check one that applies):	
	<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian

Parent/Legal Guardian #2:

1. Last Name:	2. First Name:	3. Middle Initial:
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):	
*By providing your email address, you agree to receive communication from the Registry by email.		
14. Date of Birth	15. Relationship to Patient (Check one that applies):	
	<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian

Section C:

Declaration (Required)

Please, read the following statement thoroughly.

I declare that the information that I provided on and with this application is true and correct and that I am responsible and authorized to make healthcare decisions for the patient.

Print Name of Applicant or Legal Representative

Signature of Applicant or Legal Representative

Date