



OKLAHOMA MEDICAL MARIJUANA AUTHORITY CAREGIVER DESIGNATION FORM

ADULT PATIENTS
(age of 18 or older)

Website: OMMA.ok.gov | Email: OMMA@ok.gov | Phone: (405) 522-OMMA

This form is to be completed if an adult patient (age 18 or older) wishes to designate a licensed caregiver. This form is required for caregivers to complete their online license application. In order to obtain a caregiver license, the caregiver must complete a caregiver license application and be approved for a license. **PLEASE CLEARLY PRINT OR TYPE**

PATIENT INFORMATION

 First Name Middle Name Last Name Suffix Date of Birth (mm/dd/yy)

 Current Physical Street Address APT# City State Zip

 County Phone # Email Medical Marijuana Patient License Number (if licensed)

CAREGIVER INFORMATION — (for the caregiver you wish to designate)

 First Name Middle Name Last Name Suffix Date of Birth (mm/dd/yy)

 Current Physical Street Address APT# City State Zip

 County Phone # Email

PATIENT SIGNATURE

By my signature below I attest to the following:

- I understand I am designating the individual identified above as my caregiver.
- I understand this individual will not receive a caregiver's license until he or she completes a caregiver license application and is approved for a license.
- I understand I can only have one designated caregiver licensed at any given time.



Patient Signature (required): _____ Date: _____

(If applicable) PATIENT'S LEGAL GUARDIAN SIGNATURE

Printed Name: _____



Legal Guardian Signature: _____ Date: _____