

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
PRIMARY CAREGIVER REGISTRATION

This registration is only valid for one (1) year from date of issue. A copy of the qualified patient's valid written certification must be submitted with this registration.

PRIMARY CAREGIVER'S INFORMATION

Full Name _____ Date of Birth _____

Address _____

QUALIFIED PATIENT'S INFORMATION

Full Name _____ Date of Birth _____

Address _____

DECLARATION OF STATEMENT

I certify that I am at least 21 years old and a resident of Guam. I have agreed to assist the qualified patient in the medical use of cannabis in accordance with the provisions in Public Law 33-220. I understand that I can only be a primary caregiver for a maximum of up to five (5) qualified patients. Violation of this provision is punishable by a civil fine of \$5,000. I know that I am prohibited from consuming cannabis obtained for the personal, medical use of the qualified patients.

Primary Caregiver's Signature _____ Date _____