

CLOSE RELATIVE ACKNOWLEDGMENT FORM

An applicant applying for a Medical Marijuana Use Registry (MMUR) identification card as a caregiver who is a close relative of the qualified patient is not required to complete a level 2 background screening.

Section 381.986(1)(c), Florida Statutes, defines a “close relative” as “a spouse, parent, sibling, grandparent, child, or grandchild, whether related by whole or half blood, by marriage, or by adoption.”

If you intend to substantiate close relative status, complete this form and submit. You may also submit supporting documentation of the claimed relationship. Examples of supporting documentation that may be submitted to substantiate your claimed relationship can be found on page 2 of this form.

Upon approval of the caregiver applicant’s request for close relative status, the caregiver applicant may apply for a caregiver MMUR identification card in accordance with Rule 64-4.011, Florida Administrative Code.

Per section 381.986(6)(b)3., Florida Statutes, a caregiver must agree in writing to assist with the qualified patient’s medical use of marijuana. By signing and completing this form, you are also agreeing in writing to assist the qualified patient with their medical use of marijuana.

Caregiver Applicant Number		Qualified Patient Number	
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Acknowledgment

I, _____, acknowledge that I meet the definition of a close relative above and am the
Name of Caregiver Applicant

(Check one of the boxes below)

- | | | |
|--|---|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent/Step-Grandparent | <input type="checkbox"/> Sibling/Step-Sibling |
| <input type="checkbox"/> Parent /Step-Parent | <input type="checkbox"/> Grandchild/Step-Grandchild | <input type="checkbox"/> Child/Step-Child |

of _____. I also understand that knowingly making a false statement in writing with the intent
Name of Qualified Patient

to mislead a public servant in the performance of his or her official duty is a misdemeanor of the second degree punishable as provided in sections 775.082 or 775.083, Florida Statutes. Further, I understand that administration or use of marijuana in a manner inconsistent with medical use (e.g., for my personal use) is a violation of section 893.13, Florida Statutes, and will be subject to the criminal penalties provided therein. Lastly, I agree to assist the qualified patient with their medical use of marijuana.

Name of Caregiver Applicant	Signature	Date
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Examples of Documentation Substantiating Close Relative Status

Relation to Qualified Patient	Examples of Documentation Substantiating Relationship		
Spouse	Marriage Certificate		
Parent/Step-Parent or Child/Step-Child	Birth Certificate	Adoption Decree	Birth Certificate or Adoption Decree and Marriage Certificate
Sibling/Step-Sibling	Birth Certificate and Qualified Patient Birth Certificate	Adoption Decree and Qualified Patient Birth Certificate or Adoption Decree	Birth Certificate or Adoption Decree and Qualified Patient Birth Certificate or Adoption Decree and Marriage Certificate
Grandparent/Step-Grandparent	Parent of the Qualified Patient Birth Certificate and Qualified Patient Birth Certificate	Adoption Decree for Qualified Patient and Parent of the Qualified Patient Birth Certificate	Qualified Patient and Parent of the Qualified Patient Birth Certificate and Marriage Certificate
Grandchild/Step-Grandchild	Birth Certificate and Parent Birth Certificate	Adoption Decree and Parent Birth Certificate	Parent Birth Certificate or Adoption Decree and Marriage Certificate

NOTE: If the names as indicated on the documentation are different than the caregiver applicant or qualified patient's current names, additional documentation showing the name change may also be submitted. For example, if a caregiver applicant is claiming a full-blood sibling relationship with a qualified patient, and the qualified patient's name has been changed through marriage, the qualified patient's marriage certificate may be submitted along with the birth certificates.