



Missouri Department of Health and Senior Services DIVISION OF CANNABIS REGULATION

Application Tutorial 6 | Create a Minor Patient Application

Creating a Minor Patient Application

The steps below provide how-to guidance for starting a new patient application for minor individuals (under 18 years old) to apply for a medical marijuana patient ID card.

The parent/legal guardian of the minor must also complete and submit a Parent/Legal Guardian Consent Form with the application. This form must be completed and signed by the same Parent/Legal Guardian that is listed in the minor patient's application. Once the minor patient's application has been approved, this Parent/Legal Guardian will be required to complete and submit a caregiver application.

Proof of Legal Guardianship can be a copy of a birth certificate or adoption record showing the guardian listed on this application is the applicant's parent, or a copy of court documentation showing that the guardian listed on this application has legal guardianship over the applicant.

Minor applications also require completing the **Parent/Legal Guardian Form** and providing **Proof of Legal Guardianship**. The **Parent/Legal Guardian form** can be found by going to the Missouri Division of Cannabis Regulation website at: [https://health.mo.gov/safety/cannabis/index.php?/\\$/](https://health.mo.gov/safety/cannabis/index.php?/$/)

Click on '**Patient Information**' and '**Patient – How to Apply**', scroll down and click '**Parent/Legal Guardian Form**' PDF.

The online registry portal works best when using Google Chrome as your internet browser to help minimize possible errors within the system.

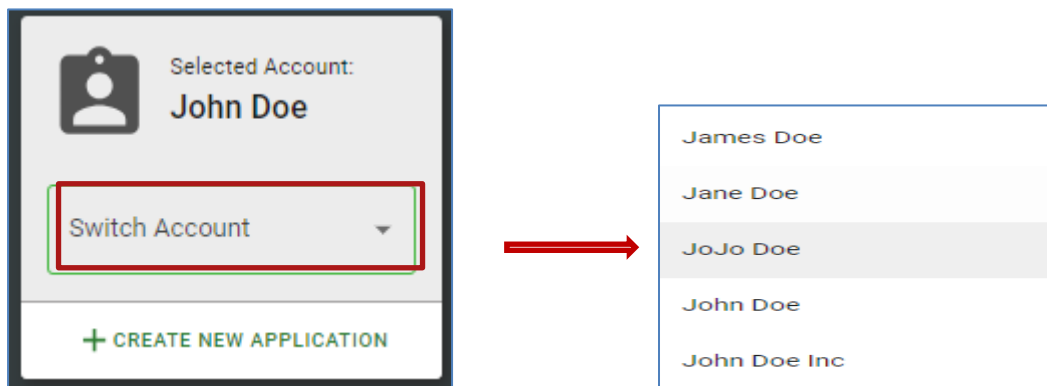
How-to Create a Minor Patient Application

1. Navigate to the **Online Registry Portal**:
<https://mo-public.mycomply.com/>
2. Enter your **Username (email)** and **Password**.
3. Check the **Accept Terms and Conditions** box.
4. Click **I'm not a robot**.
5. Follow the prompts and click **Sign In**.

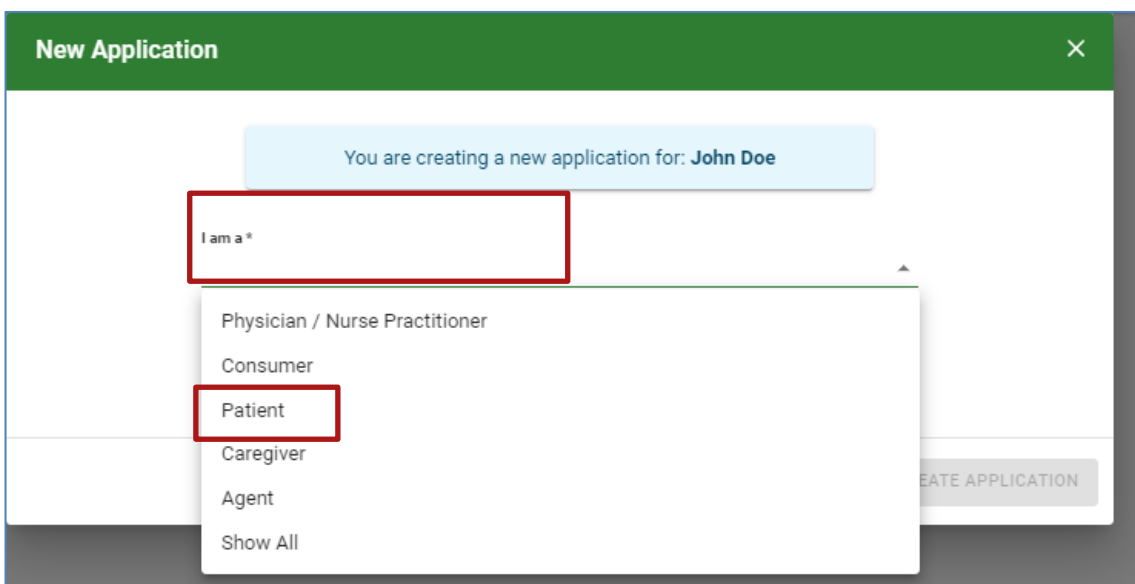
Before creating an application, check that the minor patient's name is listed under **"Selected Account"** in the top corner of the screen.

If you need to switch to a different account, click **'Switch Account'**, and select the correct name. minor patient applications should be created in the minor patient's account.

If you need to switch to a different account, click **'Switch Account'**, and select the correct individual.



1. Click **'Create New Application'**.
2. For the **'Application Type'**, click **'I am a'**, and select **'Patient'**.



3. Select 'New Patient'. Click 'Create Application'.

New Application

You are creating a new application for: **John Doe**

I am a *
Patient

New Patient Patient Renewal Patient Update

Please switch accounts if you want to create an application for a different person or business.

CREATE APPLICATION

4. Fill in the details on the **General Information** tab by entering your **Legal First Name**, **Legal Last Name**, and **Phone Number**.
5. Click 'No' to answer the question: "Is the Patient 18 years or older?"

Items marked with an * are required fields that must be completed in order to save the application and move to the next screen. The minor patient's **Date of Birth**, **Social Security Number**, and **Email Address** should automatically be filled in. You will be unable to edit this information and should contact DCR if edits are needed.

Applications / New Patient

GENERAL INFORMATION CONTACT INFORMATION PHYSICIAN / CONDITION INFORMATION QUESTIONS DOCUMENTS PAYMENT REVIEW

Legal First Name * John Middle Name Legal Last Name * Doe

Date of Birth * 04/04/1985 State of Missouri ID/DL Number Social Security Number * 444-22-6666

Email * john.doe@gmail.com Phone * (123)456-7893 Is the Patient 18 years or older? *
 Yes
 No

SAVE SAVE & NEXT CANCEL

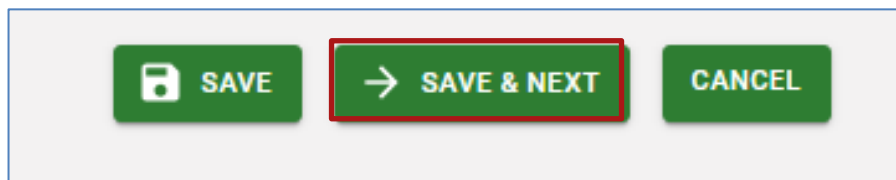
6. Fill out the **Parent/Legal Guardian Information** section by entering the parent or legal guardian’s **First Name, Last Name, Date of Birth, Social Security Number, Phone, and Email.**

Please Note: The **Parent/Legal Guardian** listed on the application will be required to submit a Caregiver Application once the minor patient application has been approved.

Parent / Legal Guardian Information ⓘ

First Name *	Middle Name	Last Name *
Date of Birth *	Social Security Number *	Phone *
Email *		

- To save your application and come back to it later, click the **“Save”** button, then log out or close your internet browser.
 - To continue with the next tab and filling out the rest of the application, click the **“Save and Next”** button.
 - If you want to cancel your application and start over, click the **“Cancel”** button.



Updated 2/6/2025

