



Illinois Medical Cannabis Pilot Program  
**Application for Registry Identification Card**  
**Veterans Receiving Medical Services at a VA Facility**

**\*\*\* DO NOT COMPLETE THIS FORM IF YOU ARE NOT A VETERAN \*\*\***

Veterans receiving health care at a VA facility do not need to provide the physician written certification on page 3, but must instead provide the following information:

- Medical records from the VA facility for the last 12 months.
- Copy of your DD-214 showing dates of service and character of service (type of discharge)

**ATTESTATION OF TERMINAL ILLNESS**

I \_\_\_\_\_ hereby certify that I receive medical services from a VA facility and have been diagnosed with a terminal illness of \_\_\_\_\_ (insert name of disease or illness) with a life expectancy of six (6) months or less. Under penalties including, but not limited to, perjury, and administrative action, I declare that I have examined the application, all supporting documents submitted by me in connection therewith, and all statements contained therein, and to the best of my knowledge, they are true, correct, and complete.

\_\_\_\_\_  
Signature (no stamps accepted) – Sign in blue ink only

\_\_\_\_\_  
Date of signature (mm/dd/yyyy)

State of Illinois

County of \_\_\_\_\_.

Signed (or subscribed or attested) before me on \_\_\_\_\_ (date)

by \_\_\_\_\_ (name of person).

(seal)

\_\_\_\_\_  
Signature of Notary Public