

Michigan Department of Community Health
Michigan Medical Marihuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

**Instructions for Making Changes to a
Medical Marihuana Registry Identification Card**

In order for the Michigan Medical Marihuana Program to process this Change Form you must submit the following information:

COMPLETE CHANGE FORM

- **REQUIRED:** Complete **Section A: PATIENT INFORMATION** and check the appropriate box if your address has changed.
- **REQUIRED:** Complete **Section B: CHANGES REGARDING PRIMARY CAREGIVER** if you are:
 - designating a new primary caregiver;
 - removing your current caregiver; or,
 - changing the address of your current caregiver.
- **REQUIRED:** Complete **Section C: PERSON ALLOWED TO POSSESS PATIENT'S MARIHUANA PLANTS** if you designated a new primary caregiver or removed your current caregiver.
- **REQUIRED for MINORS only:** Complete **Section D: CHANGE IN PARENT OR LEGAL GUARDIAN WHO IS ALLOWED TO POSSESS MARIHUANA FOR MINOR PATIENT** if there has been a change in parent or legal guardianship for a minor who has been approved as a patient for the Medical Marihuana Registry.
- **REQUIRED: Section E: PATIENT'S SIGNATURE & DATE** – The Patient or, for a minor, a Parent or Legal Guardian must sign and date the Change Form.

\$10.00 CHECK OR MONEY ORDER MADE PAYABLE TO "State of Michigan—MMMP"

CLEAR COPY OF PATIENT'S PHOTO ID

COMPLETED CAREGIVER ATTESTATION AND CLEAR COPY OF CAREGIVER'S PHOTO ID (if designating a new caregiver.)

- The Caregiver Attestation can be obtained from the Medical Marihuana Registry application packet.

FOR MINORS ONLY: CERTIFIED OR TRUE COPY OF NEW LEGAL GUARDIANSHIP DOCUMENTATION (If change in parent/legal guardian for minor.)

FOR MINORS Only: DECLARATION OF PERSON RESPONSIBLE FOR A MINOR (If change in parent/legal guardian for minor.)

- The Declaration can be obtained from the Medical Marihuana Registry Application for Minors application packet.

SEND ALL OF THE ABOVE APPROPRIATE DOCUMENTS TOGETHER IN ONE FILING TO:

Michigan Department of Community Health
Medical Marihuana Registry
P.O. Box 30083
Lansing, MI 48909

If you have questions, please call the Michigan Medical Marihuana Registry Program at (517) 373-0395.

CHANGE FORM

\$10.00 Fee Required

Check or Money Order Made Payable to State of Michigan—MMMP

INSTRUCTIONS: Please complete all required information to comply with the registration requirements of the Michigan Medical Marihuana Registry. For your protection, please use this form to submit changes. Attach readable copies of photo ID(s). If the patient is a minor (under 18), the custodial parent or legal guardian with responsibility for health care decisions must be listed as the primary caregiver. **PLEASE TYPE OR PRINT LEGIBLY**

Section A: PATIENT INFORMATION: (REQUIRED) Address Change

NAME (First, M.I., Last) Male
 Female

SOCIAL SECURITY NUMBER DATE OF BIRTH
- - / /

MAILING ADDRESS TELEPHONE NUMBER
()

CITY STATE ZIP CODE ALTERNATE PHONE NUMBER
MI ()

Patient's Photo Identification: A clear photocopy of one of the following must be attached. Check appropriate box:

MI Driver's License or MI ID Card # Other

Section B: CHANGES REGARDING PRIMARY CAREGIVER: (IF APPLICABLE)

Add/Change Caregiver (Caregiver Attestation & Photo ID Required) Caregiver's Address Change
 No Change in Caregiver Remove Caregiver

NAME (First, M.I., Last) Male
 Female

SOCIAL SECURITY NUMBER DATE OF BIRTH
- - / /

MAILING ADDRESS TELEPHONE NUMBER
()

CITY STATE ZIP CODE ALTERNATE PHONE NUMBER
MI ()

Caregiver's Photo Identification: A clear photocopy of one of the following must be attached. Check appropriate box:

MI Driver's License or MI ID Card # Other

Section C: PERSON ALLOWED TO POSSESS PATIENT'S MARIHUANA PLANTS: (REQUIRED)

NO CHANGE IN PERSON ALLOWED TO POSSESS PLANTS CHANGE TO PATIENT
 CHANGE TO NEW CAREGIVER (New caregiver's information must be completed above.)
 CHANGE FROM PATIENT TO CURRENT CAREGIVER – Name of Current Caregiver: _____

Section D: CHANGE IN PARENT OR LEGAL GUARDIAN WHO IS ALLOWED TO POSSESS MARIHUANA FOR MINOR PATIENT: (REQUIRED FOR MINORS ONLY)

New Legal Guardianship papers and Declaration of Person Responsible for a Minor Required

NAME (First, M.I., Last) Male
 Female

SOCIAL SECURITY NUMBER DATE OF BIRTH
- - / /

MAILING ADDRESS TELEPHONE NUMBER
()

CITY STATE ZIP CODE ALTERNATE PHONE NUMBER
MI ()

Parent/Legal Guardian's Photo ID: A clear photocopy of one of the following must be attached. Check appropriate box:

MI Driver's License or MI ID Card # Other

Section E: PATIENT'S ATTESTATION, SIGNATURE, & DATE: (REQUIRED BELOW)

By signing below, I attest that the information I have entered on this change form is true and accurate:

Signature of Patient or, for a Minor, Signature of Parent/Legal Guardian

Date