

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**
 - 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 CURRENT PHOTO IDENTIFICATION

COMPLETED CAREGIVER ATTESTATION AND CLEAR COPY OF CAREGIVER'S CURRENT PHOTO IDENTIFICATION (If designating a new caregiver.)

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 any changes to your current registry ID card. Attach readable copies of both the patient and primary caregiver's 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

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

Caregiver Attestation

INSTRUCTIONS: Please complete all required information in order to comply with the requirements of the Michigan Medical Marihuana Registry.

PLEASE TYPE OR PRINT LEGIBLY

DECLARATION: (REQUIRED)

I, _____, do hereby declare:

CAREGIVER'S NAME (PRINTED)

that I am willing and able to serve as the primary caregiver for:

PATIENT'S NAME (PRINTED)

I further certify that:

- I am at least 21 years of age
- I have never been convicted of a felony offense involving illegal drugs
- I understand that my caregiver registration will become null and void if I am convicted of a felony offense involving illegal drugs
- I am a caregiver for no more than 5 patients
- I have submitted a copy of my photo ID to my qualifying patient to submit with this application

SOCIAL SECURITY NUMBER & DATE OF BIRTH: (REQUIRED)

SOCIAL SECURITY NUMBER	DATE OF BIRTH
- - -	/ /

PRIMARY CAREGIVER INFORMATION: (REQUIRED)

MAILING ADDRESS			TELEPHONE NUMBER
			()
CITY	STATE	ZIP CODE	ALTERNATE PHONE NUMBER
	MI		()

OTHER NAMES USED-including maiden names for females: (REQUIRED, IF APPLICABLE)

Attach a separate page if more space required

(First, M.I., Last)

(First, M.I., Last)

(First, M.I., Last)

I understand that it is necessary to secure a criminal conviction history as part of the screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial recordkeeping organization to verify if I have been convicted of any felony offenses involving illegal drugs. The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my registration and that such misrepresentation is punishable by law.

Signature of Primary Caregiver

Date