

www.michigan.gov/mmp (517)284-6400

Michigan Medical Marihuana Program

Patient Change Form
For Current Registry ID Card Holders Only

Patient Change Form Instructions

- 1. Make checks or money orders payable to: State of Michigan-MMMP
- 2. Keep a copy of all documents submitted for your records.
- 3. Mail Change Form and all required documentation (see below) in one envelope to:

Michigan Medical Marihuana Program PO Box 30083 Lansing, MI 48909

Patient Change Form Checklist							
Name Change	Adding a Caregiver						
☐ Legal documentation†	☐ Change Form dated and signed by Patient*						
☐ Change Form dated and signed by Patient *	☐ Patient's Proof of Michigan residency**						
☐ Proof of Michigan residency**	☐ Check Patient or Caregiver in the Change Plant Possession section						
☐ Check Patient Name Change section	☐ Change Form dated and signed by Caregiver *						
☐ \$10 Patient Fee	☐ Copy of Caregiver's valid MI photo ID***						
	□ \$10 Patient Fee						
Address Changes	□ \$25 Caregiver Fee						
☐ Change Form dated and signed by Patient *							
☐ Proof of Michigan residency**	Changing a Caregiver						
☐ Check Patient Address Change section	☐ Change Form dated and signed by Patient*						
□ \$10 Patient Fee	☐ Patient's Proof of Michigan residency**						
	☐ Check Patient or Caregiver in the Change Plant Possession section						
• Change of Plant Possession	☐ Change Form dated and signed by Caregiver *						
Change Form dated and signed by Patient *	☐ Copy of Caregiver's valid MI photo ID***						
☐ Proof of Michigan residency**	□ \$10 Patient Fee						
☐ Check Change Plant Possession section	☐ \$25 Caregiver Fee						
□ \$10 Patient Fee							
Removing a Caregiver							
☐ Change Form dated and signed by Patient *							
☐ Proof of Michigan residency**							
□ \$10 Patient Fee							
Request Replacement Card							
☐ Change Form dated and signed by Patient *							
☐ Proof of Michigan residency**							
☐ Check Request a Replacement Card section							
□ \$10 Patient Fee							

† Certified court document supporting name change: ie. marriage/divorce decree, legal name change document valid MI driver license or Michigan identification card, etc.

^{*} If you are signing for a third-party you must submit proof of legal guardianship of a copy of a Medical Durable Power of Attorney with signatory authority for the active caregiver. Submitted Change Forms must have original signatures.

^{**} A copy of a valid MI driver's license, MI identification card, or MI voter registration. Cannot accept expired photo IDs.

^{***}A copy of a valid MI driver's license or MI identification card. Cannot accept expired photo IDs.



Signature of Caregiver: X

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		MMP 3502A (Rev. 1/15)
<u>p</u>	Office Use Only	
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Date:

Michigan Medical Marihuana Program Patient Change Form

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Patient Information – As it appears on your current registry ID card. (Required)											
Patient Registry ID Card Number P	Date of Birth				Telephone Number						
Legal First Name	Middle Initia	al	Lega	l Last Name				Suffix (Jr., Sr., III., etc.)			
Patient Name Change											
Legal First Name	Middle Initia	1	Legal Last Nam					Suffix			
Legar i not i vanic	Wilder Hilla	.1	1108	ar East I varie				Outilix			
Patient Address Change											
Mailing Address							Ар	artment/Suite/Lot #			
City		State		Zip Code							
		M]									
Remove Current Caregiver											
Name of current Caregiver:											
Add New Caregiver											
Legal First Name Middle Initial				Legal Last N	ame	ne Suffix					
Aliases/Maiden Name Date of Birth											
Mailing Address							Apartment/S	buite/Lot #			
City					State		Zip Cod	le			
Change Plant Possession					l e						
Plant possession: You must select one box.											
SELECT ONLY ONE: I will possess the plants My caregiver will possess the plants											
Request a Replacement Card											
Caregiver and/or Patient Signature & Dec	laration (Re	anite	ed)								
I attest the information I provided is true and accurate and that I will comply with the requirements of the Michigan Medical Marihuana Act (Initiated Law 1 of 2008, MCL 333.26421 et seq.), Administrative Rules and amendments thereafter. I understand that a false or fraudulent statement, with the intent to aid, abet, or assist in defrauding the state is guilty of perjury punishable in the manner provided by law.											
Signature of Patient: X Date:											