

(517)284-6400 Add or Change Caregiver Amendment

This form is for active registered PATIENTS who are adding or changing their caregiver. You may also change your address at this time. If a new address is listed, we'll update your address on all active registry cards. Only one address is allowed per person in the program.

INSTRUCTIONS

- 1. Complete Sections A, B, and C and include the following:
 - Patient: Include a copy of patient's valid Michigan driver license, personal identification card, or signed voter registration. If a patient submits a voter registration, he or she must include additional proof of identity for verification purposes (i.e., government-issued document that includes your name and date of birth).
 - Caregiver: Include copy of new caregiver's valid state-issued driver license or personal identification cards.

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- 2. The form must be signed and dated within 6 months of being received.
- 3. Make a copy of the completed form and all required documentation for your records.
- 4. Do not include any other forms, fees, or documentation in the envelope.
- 5. Mail completed form and **all** required documentation in **one** envelope to:

		al Marijuana Prog Box 30083 ng, MI 48909	gram		
Section A: Patient Information (As it a	appears on your o	current registry ID	card) (REQUIRED)		
Patient Registry ID Card Number (If known)	Date of Birth		Telephone Number		
Legal First Name	Middle Initial	Legal Last Name		Suffix (Jr., Sr., etc.)	
Mailing Address (If your address has changed, provide your new address)			Apartment/Suite/Lot #		
City	State	Zip Code			
Section B: New Caregiver Information	on (REQUIRED)				
Legal First Name	Middle Initial	Legal Last Name	Suffix (Jr.	, Sr., etc.)	
Date of Birth	Aliases/Maiden Name				
Mailing Address Apartm	ent/Suite/Lot #				
City	State		Zip Code	Zip Code	
Section C: Plant Possession (REQUIR	ED)		•		
Plant possession: You must select one b	ox. Select Only O	ne: I will poss	ess the plants My care	giver will possess the plants	
Patient Signature & Declaration (REQUIRE	D)				
I attest the information I provided is true and accurate a 2008, MCL 333.26421 et seq.) and associated administrates a criminal prosecution. I authorize the Michigan printed on my registry identification card.	ative rules. I understar	nd that falsified or fraud	dulent information may be repo	orted to law enforcement and	
Signature of Patient: X		Date:			
Caregiver Signature & Declaration (REQUI	RED)				
I attest the information I provided is true and accurate and MCL 333.26421 et seq.) and associated administrative rule from serving as a primary caregiver, and authorize the deport fraudulent information may be reported to law enforce	es. Further, I agree to separtment to use the info	erve as the patient's primormation provided to per	nary caregiver, have no conviction form a criminal background chec	ns that will disqualify me k. I understand that falsified	

Signature of Caregiver: X

photograph to the Michigan Medical Marijuana Program to be printed on my registry identification card.

Date: