Michigan Medical Marijuana Program
www.michigan.gov/mmp
(517) 284-6400

| For Official Use Only |
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# Name or Address Amendment

**This form is for registered PATIENTS and registered CAREGIVERS who need to update their registry identification card(s) to reflect a legal name change or address change. 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 Section A and include an ID for the cardholder listed in Section A.
2. Complete the applicable section(s) as follows:
   - Name Change-Section B
     - Include a copy of legal documentation that proves your name change (i.e., marriage/divorce decree, legal name change document, valid Michigan driver license or personal identification card with your new name).
     - If a Patient: Include a copy of your valid Michigan driver license, personal identification card, or signed voter registration card. If a patient submits a voter registration, you must include additional proof of identity for verification purposes (i.e., government-issued document that includes your name and date of birth).
     - If a Caregiver: Include a copy of your valid state-issued driver license or personal identification card.
   - Address Change-Section C
     - If a Patient: Include a copy of your valid Michigan driver license, personal identification card, or signed voter registration card. If a patient submits a voter registration, you must include additional proof of identity for verification purposes (i.e., government-issued document that includes your name and date of birth).
     - If a Caregiver: Include a copy of your valid state-issued driver license or personal identification card.
3. The form must be signed and dated within six months of being received.
4. Make a copy of the completed form and all required documentation for your records.
5. Do not include any other forms, fees or documentation in the envelope.
6. Mail completed form and all required documentation in one envelope to:

**Michigan Medical Marijuana Program**
**P.O. Box 30083**
**Lansing, MI 48909**

☐ **Section A: Cardholder Information (As it appears on your current registry card) *(REQUIRED)***

| Legal First Name | Middle Initial | Legal Last Name | Suffix (Jr., Sr., etc.) |
|---|---|---|---|
| | | | |

| Date of Birth | Telephone Number |
|---|---|
| | |

☐ **Section B: Name Change (New Name as appears on ID) *(REQUIRED)***

| Legal First Name | Middle Initial | Legal Last Name | Suffix (Jr., Sr., etc.) |
|---|---|---|---|
| | | | |

☐ **Section C: Address Change *(REQUIRED)***

| Mailing Address | Apartment/Suite/Lot # |
|---|---|
| | |

| City | State | Zip Code |
|---|---|---|
| | | |

**Signature & Declaration *(REQUIRED)***

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.*) and associated administrative rules. I understand that falsified or fraudulent information may be reported to law enforcement and result in criminal prosecution.

**Signature: X** _____ **Date:** _____