



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

For Official Use Only

Request Replacement Card(s) Form

This form is for registered PATIENTS and registered CAREGIVERS who need to replace a registry identification card that was lost or stolen. 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

- Complete Sections A and B and include an ID for the cardholder listed in section A:
 - If a 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).
 - If a Caregiver: Include copy of caregiver's valid state-issued driver license or personal identification card.
- The form must be signed and dated within six month of being received.
- Make a copy of the completed form and all required documentation for your records.
- Do not include any other forms, fees, or documentation in the envelope.
- 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	
Mailing Address (If your address has changed, provide your new address) Apartment/Suite/Lot#			
City	State	Zip Code	

Section B: Replace Lost/Stolen Card

***All of your active registry cards (patient and/or caregiver) will be replaced unless you identify below the specific card(s) that you want replaced. If you made an address change all cards will be replaced.**

Name on Registry Card	Name on Registry Card

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: _____