

FOR OFFICIAL USE ONLY

## CHANGE FORM

**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 changes. Attach readable copies of ID, if applicable. If applicant 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**

**APPLICANT INFORMATION: (REQUIRED)**  Address Change

NAME (Last, First, M.I.)  Male

Female

SOCIAL SECURITY NUMBER DATE OF BIRTH

/ /

/ /

NEW ADDRESS TELEPHONE NUMBER

( )

CITY STATE ZIP CODE EMAIL ADDRESS (Optional)

MI

**Photo Identification:** A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License #  MI ID Card #  Other

**CHANGES REGARDING PRIMARY CAREGIVER: (IF APPLICABLE)**  New Caregiver

Address Change

NAME (Last, First, M.I.)  Male

Female

SOCIAL SECURITY NUMBER DATE OF BIRTH

/ /

/ /

NEW ADDRESS TELEPHONE NUMBER

( )

CITY STATE ZIP CODE EMAIL ADDRESS (Optional)

MI

**Photo Identification:** A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License #  MI ID Card #  Other

**CHANGE IN PARENT OR LEGAL GUARDIAN WHO IS RESPONSIBLE FOR MARIHUANA FOR MINOR PATIENT—MUST SUBMIT NEW DOCUMENTATION: (REQUIRED)**

NAME (Last, First, M.I.)  Male

Female

SOCIAL SECURITY NUMBER DATE OF BIRTH

/ /

/ /

ADDRESS TELEPHONE NUMBER

( )

CITY STATE ZIP CODE EMAIL ADDRESS (Optional)

MI

**Photo Identification:** A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License #  MI ID Card #  Other

**CHANGE IN PERSON RESPONSIBLE FOR PATIENT'S MARIHUANA PLANTS: (REQUIRED)**

NAME (Last, First, M.I.)  Male

Female

SOCIAL SECURITY NUMBER DATE OF BIRTH

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ADDRESS TELEPHONE NUMBER

( )

CITY STATE ZIP CODE EMAIL ADDRESS (Optional)

MI

**SIGNATURE & DATE: (REQUIRED)**

I ATTEST THAT THE ABOVE INFORMATION IS TRUE.

Applicant's (or Parent/Legal Guardian for Minor) Signature

Date