CANNABIS
REGULATORY AGENCY

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

For Official Use Only
No Fee

Name or Address Amendment

This form is for active registered **Patients** and registered **Caregivers** who need to update their registry identification card(s) to reflect a legal name change and/or an address change. If approved, all your active Registry Cards will be reprinted.

Instructions

1. Complete **Section A: Cardholder Information** with the name on your registry identification card. If changing your name, complete **Section B: Name Change** with your new legal name. Or if you're a Patient, you may log into www.michigan.gov/mmp to submit this request.
2. **Required:** Proof of Residency or proof of identification.
   a. If a Patient: Include a copy of a valid Michigan driver license, OR personal identification card, OR signed voter registration. If a patient submits a voter registration, they shall also submit a copy of a government-issued document that includes the patient's name and date of birth for verification purposes.
   b. If Only a Caregiver: Include copy of a valid state-issued driver license, OR personal identification card.
3. This form must be signed and dated within 6 months of being received by the MMMP.
4. Keep a copy of all documents for your records.
5. Mail completed form and all required documents in one envelope to:

Michigan Medical Marijuana Program
PO Box 30083
Lansing, MI 48909

Section A: Cardholder Information (Name as it appears on your current registry card)

Legal First Name	Middle Initial	Legal Last Name
Date of Birth (MM/DD/YY)	Telephone Number *(optional)*	
Current Mailing Address including Apartment/Suite/Lot #		
City	State	Zip Code

Section B: Name Change

New Legal First Name	Middle Initial	New Legal Last Name

Section C: Signature & Date

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. I authorize the Michigan Secretary of State's office to forward my photograph to the Michigan Medical Marijuana Program to be printed on my registry identification card.

Signature: _____ **Date:** _____