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(517) 284-8599

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No Fee

## Plant Possession Amendment

This form is for active registered **Patients** who are changing their plant possession and have an active Caregiver.

### Instructions

1. Complete the entire form.
2. **Required:** Include a copy of patient's 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.
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: Patient Information

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 <b>MI</b>	Zip Code

### Section B: Person Allowed to Possess Patient's Marijuana Plants

Select only one box.

I will possess the plants.

My caregiver will possess the plants.

### Section C: Patient Signature & Date

I attest the information I provided is true and accurate and that I will comply with the requirements of the Michigan Medical Marijuana 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 of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_