



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

For Official Use Only

Withdrawal Form

This form is for active registered PATIENTS or CAREGIVERS who wish to withdraw from the registry program. You may change your address at this time too. If a new address is listed, we'll update your address on all active registry cards in our program.

INSTRUCTIONS

1. Provide your registry information below.
2. The form must be signed and dated within six months of being received.
3. If a Patient: Include a legible copy of your 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).
4. If a Caregiver: Include a legible copy of your valid state issued driver license or personal identification card.
5. Make a copy of the completed form and all required documentation for your records.
6. Do not include any other forms, fees or documentation in the envelope.
7. Mail completed form and **all** required documentation in **one** envelope to:

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

Registry Information (As it appears on your current registry identification card) <i>(REQUIRED)</i>			
Legal First Name	Middle Initial	Legal Last Name	Suffix (Jr., Sr., etc.)
Date of Birth		Telephone Number (Optional)	
Mailing Address (If your address has changed, provide your new address.) Apartment/Suite/Lot #			
City	State	Zip Code	
<p>Please mark one:</p> <p style="text-align: center;">Withdraw Only Patient License</p> <p style="text-align: center;">Withdraw All Patient and Caregiver Licenses</p> <p style="text-align: center;">If you only want to withdraw as a Caregiver but remain a Patient, please fill out the Remove Patient Form</p>			
Signature & Declaration <i>(REQUIRED)</i>			
<p>I wish to withdraw from the Michigan Medical Marijuana Program. 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 <i>et seq.</i>) and associated administrative rules. I understand that falsified or fraudulent information may be reported to law enforcement and result in criminal prosecution.</p>			
<p>Signature: X _____</p>			<p>Date: _____</p>