



Direct Secure Messaging Identity Verification and Registration Form



Applicant Information

Last Name		First Name	
Primary Address		Apt.	
City		State	
Zip Code	Telephone #		
E-Mail	Organization		
Intended Use for Direct Account			

User ID

Michigan Health Information Network Shared Services (MiHIN) will assign a User ID to each user in the following format: Personal: [firstname.lastname@domain](#) or Service: [companyname.usecase.externalidentifier@domain](#) (User ID noted in red).

Id Type

(Check One)

The below boxes are a list of acceptable documents. All documents must be UNEXPIRED.

- | | |
|---|---|
| <input type="checkbox"/> U.S. State Issued Driver License | <input type="checkbox"/> U.S. Military ID |
| <input type="checkbox"/> U.S. State Issued ID | <input type="checkbox"/> Passport |
| <input type="checkbox"/> U.S. Government ID Cards | <input type="checkbox"/> Driver License With Photo From Another Country |



Official Signature

I attest, under penalty of perjury, that I am the person listed on this application whose identification is being verified with the stated documents. False statements made knowingly and willfully in this application, including affidavits or other documents submitted to support this application, may be punishable by fine and/or imprisonment under US law.

Signature of Applicant	Date
-------------------------------	-------------

Certification

I attest, under penalty of perjury that (1) I have examined the document(s) presented by the above-name individual, (2) the above listed document(s) appear to be genuine and relate to the individual. A notary stamp is required for validity.

Notary preparer complete this section:

Signature of Notary Preparer		Date	
Company		Title	
Last Name	First Name	Address	Apt. #
City	State	Zip Code	Phone

