

Michigan Care Improvement Registry (MCIR)
Patient/Parent/Legal Guardian Request to Change Information

NOTE: this form is ONLY for use by Patients, or the Parent/Legal Guardian of a Patient.

- **Medical Providers:** You must NOT use this form to request a change in a patient’s record. Visit the [Contact Us page](#) on www.mcir.org to complete a [Petition for Modification](#).
- **Schools/Child Care:** The request MUST be from the parent/legal guardian if it is a legal name change. To eradicate spelling errors schools/childcares may submit this form: [School/Childcare Petition for Modification](#)

DID YOU?

- Complete ALL boxes in Part 1 exactly as the information currently appears in MCIR?
- Print/type the NEW name in the appropriate field?
- Include documentation showing the new name? Please indicate type:
 - State-issued ID or Driver’s License
 - Birth Certificate
 - Marriage License
 - Adoptive Record
 - Other Legal Document _____
- Submit a copy of your picture ID or legal documentation showing your authority to make this request as a parent or guardian?**

Failure to submit a copy of one of the above documents will delay the processing of this request. Completed forms and supporting documentation can be emailed to MDHHS-MCIRHelp@michigan.gov.

PART 1: Record Information – Please print or type			
Name as it currently appears in MCIR: All boxes with * MUST be completed. Put n/a if none.			
*Last	*First	*Middle	*Suffix
*Date of Birth (mm/dd/yyyy)		MCIR ID#	
PART 2: New Information: Fill in information as it should appear.			
New Last	New First	New Middle	Suffix
*Current Address	*City	*State	*Zip code
Correct Date of Birth (mm/dd/yyyy)	*Daytime Phone # w/Area Code		
Requestor’s Name ↓ Please print or type		Relationship to person on record ↓	
Requestor’s Signature (This form MUST be signed.) ↓			Date ↓
FOR MCIR USE ONLY			
Date	Initials		