

Michigan Care Improvement Registry (MCIR) Request to Change Name Form

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. Use the form provided to you by your Regional MCIR Office, or contact your Regional MCIR Office if you do not have the proper form.
- **Schools/Child Care:** You must NOT use this form to request a change in a student's record. Use the School/Childcare Petition to Modify MCIR Data form found on www.MCIR.org in the Resource Library.

INSTRUCTIONS

1. Please complete **ALL** of the boxes in Part 1 **exactly as the info currently appears in MCIR**. If you have the MCIR ID#, please provide to help ensure we are changing the right person. *(Please print clearly or type the info.)*
2. Please enter (print/type) the **new** name you want to appear in MCIR in the appropriate box.
3. A **legible** copy of one of the following documents showing your new name or child's name **must accompany** this name change request:
 - a. Current state-issued identification card (ID), or
 - b. Current driver's license (must be 16 years of age or older to make this request), or
 - c. Birth certificate, or
 - d. Marriage license
 - e. Adoptive Record
4. If you are submitting this request for a minor (under 16 years of age), please submit a copy of picture ID or legal documentation showing your authority to make this request.

**Failure to submit a copy of one of the above acceptable documents
will delay the processing of this request.**
5. Fax or mail to your Regional MCIR Office. Regional MCIR Office contact information is available at http://www.mcir.org/contact_regions.html

PART 1: Requestor's Information – Please Print or Type			
Your Name as it currently appears in MCIR: <i>All boxes with * MUST be completed. Put n/a if none.</i>			
*Last	*First	*Middle	*Suffix
*Date of Birth	MCIR ID#	* Daytime Phone # w/Area Code	
If you are submitting this request for a minor, please indicate your relationship to this person: →			
PART 2: New Name Information: <i>Fill in information as it should appear.</i>			
New Last	New First	New Middle	Suffix
Requestor's Signature ↓		Date ↓	
		/ /	
FOR MCIR USE ONLY			
Date	Initials		