

**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. Go to <https://www.mcir.org/providers/regional-coordinators/contact-regions/> then click on the applicable Region for your office and use the forms provided.
- **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: [https://www.mcir.org/wp-content/uploads/2014/10/School-Childcare\\_Modify\\_Person\\_Data.pdf](https://www.mcir.org/wp-content/uploads/2014/10/School-Childcare_Modify_Person_Data.pdf)

**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 acceptable documents will delay the processing of this request.**

Fax or mail to your Regional MCIR Office: <https://www.mcir.org/providers/regional-coordinators/contact-regions/>

<b>PART 1: Record Information – Please print or type</b>			
Name as it currently appears in MCIR: All boxes with * <b>MUST</b> be completed. Put n/a if none.			
*Last	*First	*Middle	*Suffix
*Date of Birth (mm/dd/yyyy)		MCIR ID#	
<b>PART 2: New Information: Fill in information as it should appear.</b>			
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 ( <b>This form MUST be signed.</b> ) ↓		Date ↓	
<b>FOR MCIR USE ONLY</b>			
Date	Initials		