



# Petition for Modification Form - Person Information

Please fax completed forms to the MCIR Region 1 Helpdesk 1-734-727-7083

This form is for provider use only. The public may use the [Public Name Change Request Form](#) available on [MCIR.org](#).

## To Change Person's Date of Birth or Legal Name:

- 1) Verify the **correct** date of birth and/or legal name for the person with the legal documentation presented to your office by the person or parent/guardian. Retain legal documentation for your records.
- 2) **Print** or **type** the **correct** date of birth and/or legal name on the Petition form in the box(es) provided.
- 3) Fax or mail **only** this form. **DO NOT SEND LEGAL DOCUMENTATION.**

**Duplicate Records** If you find that a person has more than one MCIR record, submit the information as follows:

- 1) Complete the "Person Information" section as required.
- 2) Indicate the duplicate information and duplicate MCIR ID number in the box(es) provided.
- 3) If the person's legal name has changed, be sure to include that information in the area provided.

**All sections 1- 4 MUST be completed. Failure to do so will delay the processing of this request.**

SECTION 1 – Requestor's Information (Please Print or Type)					
Name of Practice (as entered in MCIR) OR Site ID Number ( <a href="#">Click here</a> to locate number)			County Practice is Located In:		Area Code + Phone Number
Person Completing This Form			Email Address		Area Code + Fax Number
SECTION 2 – Check the appropriate information below (do NOT include documentation):					
2a. – Type of Change Requested:				2b. – Documentation Verified (Select All that Apply):	
Duplicate Record	Legal Name Change ( <b>MUST</b> indicate type)			Birth Certificate	
Correct Date of Birth	Elective (parental or person choice)			Legal/Court Papers	
Correct Gender	Marriage/Divorce			Adoption Papers	
Correct Spelling	Adoption			Passport	
				Driver's License or State ID	
2c.- Responsible party contact information (required):				Notes/Comments:	
Name:					
Address 1:					
Address 2:					
City:	State:	Zip:			
Phone:					
SECTION 3 – Person Information (as it currently appears in MCIR – please print):					
3a. – Name (Last, First, Middle, etc.)			Date of Birth	MCIR Person ID	Gender
					M      F
Indicate the CORRECT information below – please print:					
3b. – Name (Last, First, Middle, etc.)			Date of Birth	MCIR Person ID	Gender
					M      F
If a person has two or more records please list the duplicate(s) below:					
3c. – Name (Last, First, Middle, Suffix, etc.)			Date of Birth	MCIR Person ID	Gender
					M      F
					M      F
SECTION 4 – Signature REQUIRED					
By signing below, I verify that I have retained legal documentation to support the changes requested above.					
Signature: _____				Date: _____	
FOR MCIR USE ONLY					
Date Received:		Date Corrected:		Staff Initials:	