

Petition for Modification Form - Person Information

Please fax completed forms to the MCIR Region 2 Helpdesk 1-269-373-5079

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 (Click here 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 (MUST 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:		