

# Petition for Modification Form - Person Information

Please fax completed forms to the MCIR Region 4 Helpdesk 1-810-257-3809

**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 Legal/Court Papers Adoption Papers Passport Driver's License or State ID	
Correct Date of Birth	Elective (parental or person choice)				
Correct Gender	Marriage/Divorce				
Correct Spelling	Adoption				
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:	