

## Edit a Person's Address

- 1. Log in to the <u>Michigan</u> Care Improvement <u>Registry, (MCIR),</u> and <u>Search a Person,</u> to retrieve a record.
- From the person's General Information screen, click the <u>Edit</u> link in the Person Information section, *Figure* 1.
- On the Edit Person screen, under Responsible Party, click the <u>hyperlinked</u> <u>address</u> to edit, *Figure 2*.
- 4. The **Edit Contact screen** will appear. Proceed to fill in the fields with the edited address, *Figure 3*.
- 5. Select **Submit** to save.

General Information			Person: 1 Birth Dat Provider:	View		Print Help Home Exit	
Person	Rem/Rcl	VIM	Imp/Exp	My Site	Adm	Rpts	Oth
Add/Find R	oster Add Imm In	formation Stat	us <u>History</u>	N		(90	
		· · · · · · · · · · · · · · · · · · ·					
Person In	formation Edit				MC	IR ID :	
Person In Name:	formation Edit	Birthdate:		G	MC	IR ID :	Female
Person In Name:	formation Edit	Birthdate: Age:		G	MC ender:	IR ID :	Female
Person In Name: Resp. Party:	formation Edit Test, Person	Birthdate: Age: Jurisdiction:		G	MC ender: imary Phone	IR ID :	Female
Person In Name: Resp. Party: Address:	formation Edit Test, Person Test, Person 123 Medical Drive	Birthdate: Age: Jurisdiction:		Gi Pr Se	MC ender: imary Phone condary Ph	IR ID : e: one:	Female
Person In Name: Resp. Party: Address:	Test, Person Test, Person 123 Medical Drive Lansing, MI 48864	Birthdate: Age: Jurisdiction:		Gi Pr Se Ad	MC) ender: imary Phone condary Ph dress Statu	IR ID : e: one: is:	Female

Figure 1

Edit Per	rson		Person: Birth De Provide	Test, Person ate: r: Overdue	vi	<u>ew</u>	Print Held Home Exil
Person Add/Find R	Rem/Rcl	VIM nformation Si	Imp/Exp tatus History	My Site	Adm	Rpts	Oth
Person In	formation				MCIR	ID :	
Legal Last*	Test	Legal First	Person	Middle		Jr / Sr /	
Birthdate*	05/30/1940 📖	Gender	Female ~	Multiple Birth			
High Risk	Conditions Screening Notifica Add	tion 🗆 Po	tential Lead Expos	ure (Flint Water)			
Responsit	Die Party : Add I t 123 Medical Drive	<u>tew</u> Lansing MI 48	864		No County	08/18	/2020
Fiaure	2						

	Edit Contact
Contact I	nformation
First Pers	ion Middle Last Test Suffix
Notification	s Send  V  No Longer at this address Desired Language English  V
Country*	United States Valid Keep as Entered
Street*	123 Medical Drive
City*	Lansing State* MI V Postal Code* 48864
County*	No County
Phone/En	nail Information
Primary Pho	one ( ) - Secondary Phone ( ) -
Email	
	Submit Make Current Contact Cancel
Figure	3



