

**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. Visit the [Contact Us page](#) on [www.mcir.org](http://www.mcir.org) to complete a [Petition for Modification](#).
- **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.

Email the MCIR Help Desk [MDHHS-MCIRHelp@michigan.gov](mailto:MDHHS-MCIRHelp@michigan.gov)

<b>PART 1: Record Information – Please print or type</b>			
Name as it <b>currently appears in MCIR:</b> 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>			
<b>New Last</b>	<b>New First</b>	<b>New Middle</b>	<b>Suffix</b>
*Current Address	*City	*State	*Zip code
Correct Date of Birth (mm/dd/yyyy)	*Daytime Phone # w/Area Code		
<b>Requestor’s Name</b> ↓ Please print or type		<b>Relationship to person on record</b> ↓	
<b>Requestor’s Signature (This form MUST be signed.)</b> ↓			<b>Date</b> ↓
<b>FOR MCIR USE ONLY</b>			
Date	Initials		