



# Petition for Modification Form - Person Information

Please fax completed forms to the MCIR Region Three Help Desk 1-989-831-3613

**This form is for provider use only.** A person (or a child's parent/legal guardian) may also petition MDHHS to amend a record using the Personal Name Change Request Form available at: [www.mcir.org](http://www.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.
  - 2) **Print** or **type** the **correct** date of birth and/or legal name on the Petition form in the box(es) provided.
- Fax or mail **only** this form. **DO NOT SEND DOCUMENTATION OF CHANGES.**

**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)			
<b>Name of Provider/Practice</b>	<b>County Practice is Located In</b>	<b>Area Code + Phone Number</b>	
<b>Person Completing This Form</b>	<b>Email Address</b>	<b>Area Code + Fax Number</b>	
SECTION 2 – Check the appropriate information below (do NOT include documentation):			
<b>2a. – Type of Change Requested:</b>		<b>2b. – Documentation Verified (Select All that Apply):</b>	
<input type="checkbox"/> Correct Date of Birth <input type="checkbox"/> Correct Gender  <input type="checkbox"/> Legal Name Change ( <b>MUST</b> indicate type) <input type="checkbox"/> Elective (parental or person choice) <input type="checkbox"/> Marriage/Divorce <input type="checkbox"/> Adoption  Notes:		<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Legal/Court Papers <input type="checkbox"/> Adoption Papers <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License or State Identification Card	
		<b>2c.- Responsible party name and address: (Required)</b>	
SECTION 3 – Person Information (as it currently appears in MCIR – please print):			
<b>3a. – Name (Last, First, Middle, etc.)</b>	<b>Date of Birth</b>	<b>MCIR Person ID</b>	<b>Gender (M/F)</b>
Indicate the CORRECT information below – please print:			
<b>3b. – Name (Last, First, Middle, etc.)</b>	<b>Date of Birth</b>	<b>MCIR Person ID</b>	<b>Gender (M/F)</b>
If a person has more than one record, please list the duplicate below:			
<b>3c. – Name (Last, First, Middle, Suffix, etc.)</b>	<b>Date of Birth</b>	<b>MCIR Person ID</b>	<b>Gender (M/F)</b>
SECTION 4 – Signature REQUIRED			
<b>By signing below, I verify that I have retained legal documentation to support the changes requested above.</b>			
<b>Signature:</b> _____		<b>Date:</b> _____	
FOR MCIR USE ONLY			
<b>Date Received:</b>	<b>Date Corrected:</b>	<b>Staff Initials:</b>	