

Request Merging of Duplicate Records

When searching for a person in MCIR, if two records appear identical with matching information, further investigation may be necessary to determine if the patient has duplicate records that need to be merged.

NOTE: [Disable pop-up blockers](#) in the browser settings to ensure functionality.

1. If two records appear after conducting an **Add/Find** search, review all viewable fields in both records.

Person Browse Roster [Print Help](#)
[Home](#) [Exit](#)

Person	Rem/Rcl	VIM	My Site	Adm	Rpts	Oth
Add/Find	Roster	Add Imm	Information	Status	History	

If the correct person is not listed you may [Search Again](#). User count: 2

Name	Birth Date	MCIR ID	Sex	Responsible Party
<input type="checkbox"/> Michigander, Little	04/04/2014	17528405681	M	Michigander, Mom
<input type="checkbox"/> Michigander, Little Jr	04/04/2014	17528405334	M	Michigander, Mom

[Mark as Duplicate](#)

2. If there are similarities, click on the **person's name** to open the **General Information** Screen.
3. Compare the name, date of birth, sex, address, contact information, responsible party, etc.

Person Information : Edit		MCIR ID : 17528405681	
Name: Michigander, Little Jr	Birthdate: 04/04/2014	Age: 10 Years 7 Months	Sex: Male
Resp. Party: Michigander, Mom	Jurisdiction: Ingham (33) County	Primary Phone:	Secondary Phone:
Address: 12343 Main Street Okemos, MI 48864	Country: United States	County: Ingham	Address Status:
		Address Updated: 10/15/2023	

Person Information : Edit		MCIR ID : 17528405334	
Name: Michigander, Little Jr	Birthdate: 04/04/2014	Age: 10 Years 7 Months	Sex: Male
Resp. Party: Michigander, Mom	Jurisdiction: Ingham (33) County	Primary Phone:	Secondary Phone:
Address: 12343 Main Street Okemos, MI 48864	Country: United States	County: Ingham	Address Status:
		Address Updated: 12/03/2024	

- If the investigation confirms that the records belong to the same individual, check **both records**.
- Click **Mark as Duplicate**.

Person Browse Roster Print Help
Home Exit

Person	Rem/Rcl	VIM	My Site	Adm	Rpts	Oth
Add/Find Roster	Add Imm	Information	Status	History		

If the correct person is not listed you may [Search Again](#). User count: 2

Name	Birth Date	MCIR ID	Sex	Responsible Party
<input checked="" type="checkbox"/> Michigander, Little	04/04/2014	17528405681	M	Michigander, Mom
<input checked="" type="checkbox"/> Michigander, Little Jr	04/04/2014	17528405334	M	Michigander, Mom

5 → **Mark as Duplicate**

- A popup window appears.
- Click **OK** to confirm that these people are a duplicate pair.
- Record is sent to MCIR Deduplication Queue.

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Are you sure you want to mark these people as a duplicate pair?

7 → **OK** Cancel

- Complete the [Petition for Modification](#) form available on [MCIR.org](#).
- Email form to the [MCIR Help desk](#) for further investigation and processing.

MCIR Petition for Modification Form - Change Person Information

Return completed forms to the MCIR Help Desk:
MDHHS-MCIRHelp@michigan.gov (encrypt email) or 517-763-0370

This form is for non-public (healthcare provider, hospital, pharmacy, and local health department use only). Members of the public must use the [MCIR Public Request to Change Information](#) Form.

Verify the person's legal documentation to confirm the correct information. DO NOT SEND LEGAL DOCUMENTATION.

Change or Correct Person's Information

- Complete Sections 1, 2, 3, 4, 4b, 4c, 4d, and 5. If there is also a duplicate record, enter the duplicate in Section 4c.
- For adoptions, enter the birth record/original name in 4a and the new name in 4b. Add the MCIR ID if there is an existing record with the new name. If there are 3+ records, enter additional duplicates in 4c.

Duplicate Records

- Complete Sections 1, 2, 3, 4c, and 5. Section 4a and 4b can be left blank unless you are also changing or correcting person information. Enter additional MCIR IDs into the notes for more than 3 duplicates.
- Check the box to indicate the correct record to be kept during the duplicate record merge process. If neither of the existing duplicate records are correct (first/last name and DOB), enter corrections in Section 4c.
- Sections 1-3 and Section 5 are REQUIRED for ALL requests. Failure to do so will delay the processing of this request.**

SECTION 1 - Requester Information (REQUIRED)		DOCUMENTATION VERIFIED?	
Organization Name OR MCIR Site ID Number*	Email Address*	<input type="checkbox"/>	Birth Certificate
Full Name - Person Completing Form*	Phone Number*	<input type="checkbox"/>	Person's License or State ID
		<input type="checkbox"/>	Legal/Court Order/Adoption Papers
		<input type="checkbox"/>	Passport

SECTION 2 - Request Information (REQUIRED)		Notes/Comments
Requester Type*	Change Requested (check all that apply) *	
<input type="checkbox"/> Healthcare Provider <input type="checkbox"/> Pharmacy <input type="checkbox"/> Hospital <input type="checkbox"/> JMD	Corrections: <input type="checkbox"/> Date of Birth <input type="checkbox"/> Sex <input type="checkbox"/> Spelling Legal Name Change: <input type="checkbox"/> Surname/Choice <input type="checkbox"/> Adoption <input type="checkbox"/> Duplicate Record	

SECTION 3 - Responsible Party Contact Information (REQUIRED FOR ALL REQUESTS. Minor under 18 cannot be the responsible party)

Name*: _____ Relationship: Parent Adult Legal Guardian
 Address: _____ Phone Number: _____
 City*: _____ State*: _____ Zip*: _____ County*: _____

SECTION 4 - Person's Information AS IT CURRENTLY APPEARS IN MCIR

4a. Person's Information AS IT CURRENTLY APPEARS IN MCIR					
Last Name	First Name	Middle Name	Date of Birth	MCIR ID	Sex
					<input type="checkbox"/> M <input type="checkbox"/> F

4b. Person's CORRECT Information (Use * to indicate if the field is unchanged from 4a)					
Last Name	First Name	Middle Name	Date of Birth	MCIR ID	Sex
					<input type="checkbox"/> M <input type="checkbox"/> F

4c. Duplicate Records					
Check the box to indicate the correct record to be kept during the duplicate record merge process. If none of the existing duplicate records are correct, enter corrections above in 4b.					
Last Name	First Name	Middle Name	Date of Birth	MCIR ID	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Last Name	First Name	Middle Name	Date of Birth	MCIR ID	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Last Name	First Name	Middle Name	Date of Birth	MCIR ID	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>

SECTION 5 - SIGNATURE REQUIRED (SIGNATURES ACCEPTED)

By signing below, I verify that I have retained legal documentation to support the changes requested above.

Signature*: _____ Date*: _____

Return completed forms to MDHHS-MCIRHelp@michigan.gov (encrypt) or to 517-763-0370. Rev. 5.16.2024

For assistance, contact the MCIR Help Desk:
 Phone: 888-243-6652
 Email: MDHHS-MCIRHelp@michigan.gov

