

NAME CHANGE/BIRTH DATE CORRECTION REQUEST

PATIENT NAME _____ GIMC# _____

UPDATE COMPLETED _____(Y/N) AOB/PA COMPLETED _____(Y/N)
(Attach Face Sheet)

RECEIVED BY _____ DATE _____

CORRECTION OF NAME _____ Birth Certificate _____ Court Order

NAME CHANGE DUE TO MARRIAGE _____ Marriage License _____ Family Profile Card

NAME CHANGE DUE TO DIVORCE _____ Divorce Decree _____ Court Order

DATE OF BIRTH CORRECTION _____ Birth Certificate

Completed by _____ Date _____

Document sent to THC by _____ Date _____

Comments/Problems:
