



Bureau of Community and Health Systems
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**MICHIGAN QUALIFIED INTERPRETERS
 NAME CHANGE OR REPLACEMENT CARD APPLICATION**

Type or Print Clearly/Complete All Fields

First Name		Middle Name		Last Name	
Maiden/Previous Name					
Address					
City		State	Zip Code	County	
Telephone Number (Required)			Email Address (Required)		
CHECK THE TYPE OF REPLACEMENT CARD			FOR OFFICE USE ONLY		
<input type="checkbox"/> Name Change \$10.00 7301-32 OR <input type="checkbox"/> Original card was lost/stolen or destroyed \$10.00 7301-32		Certificate # _____		Processed: _____	
<p>*Payment is \$10.00 for each replacement card.</p> <p>Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN, must accompany this request. DO NOT SEND CASH. Fees are non-refundable.</p>					

REQUIRED DOCUMENTATION

For name change, please check one of the following and provide the appropriate documentation:

- Copy of Marriage License
- Copy of Divorce Decree
- Copy of Court Order
- Copy of an updated State Identification Card or Driver's License

INSTRUCTIONS

Please send your application form, applicable fees (check or money order payable to the State of Michigan), and all supporting documentation through US Mail to:

Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
PO Box 30664
Lansing, MI 48909

SIGNATURE

I attest that all information provided in this application is accurate and true. I also verify that I am requesting a replacement card because the original has my previous name and/or was lost, stolen, or destroyed. I also understand that all fees are non-refundable.

Applicant's Signature

Date