



NAME CHANGE OR REPLACEMENT CARD APPLICATION

For Division Use Only:
Received: _____
Processed: _____
Sent Card: _____

APPLICANT INFORMATION

NAME (Last, First, Middle Initial)	MAIDEN/PREVIOUS NAME
ADDRESS (Street Number and Street Name), CITY	STATE/ZIP
PRIMARY PHONE (v/txt/VP) (Required)	E-MAIL ADDRESS (Required)

TYPE OF REPLACEMENT CARD

Please select one:
 Original card was lost/stolen/destroyed Name change

Payment is \$10 for each replacement card. The check or money order must be payable to the State of Michigan. Please select all applicable credential(s) you are requesting a replacement card for:
 BEI EIPA RID Michigan Endorsement

For name change, please check one of the following:
 Copy of Marriage License Copy of Divorce Decree Copy of Court Order

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.

Signature of Applicant: **X** _____ Date: _____

SUBMITTAL INSTRUCTIONS

1. Submit the completed form and payment to the address listed below.
 2. If you are requesting a new card due to a name change, appropriate verification must be attached.
- Please mail completed application and payment to:
Michigan Department of Civil Rights
Division on Deaf, DeafBlind and Hard of Hearing
RE: Replacement Card
Cadillac Place, 3054 W. Grand Boulevard, Suite 3-600
Detroit, MI 48202