



DUPLICATE MULTIPLE RECORD CORRECTION

REQUESTOR'S NAME _____	CAIR ORG ID _____	CAIR USERNAME _____
TELEPHONE NUMBER _____	FAX NUMBER _____	EMAIL _____
COUNTY _____	SIGNATURE _____	DATE SIGNED _____

----- PLEASE TYPE OR PRINT CLEARLY! -----

RECORD A	RECORD B
Registry ID # _____ Last Name _____ First Name _____ Date of Birth _____	Registry ID # _____ Last Name _____ First Name _____ Date of Birth _____
RECORD A	RECORD B
Registry ID # _____ Last Name _____ First Name _____ Date of Birth _____	Registry ID # _____ Last Name _____ First Name _____ Date of Birth _____
RECORD A	RECORD B
Registry ID # _____ Last Name _____ First Name _____ Date of Birth _____	Registry ID # _____ Last Name _____ First Name _____ Date of Birth _____

----- SEND COMPLETED FORM TO -----

CAIR HelpDesk • Email: CAIRHelpDesk@cdph.ca.gov • Fax: (888) 436-8320
Questions? Please call us at (800) 578-7889