



DUPLICATE RECORD CORRECTION FORM

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