

## Legal Name Change for USIIS Record

To request changing the legal name in a USIIS immunization record, you must be of legal age (18 years or older). If you are requesting the legal name change of a minor child (under age 18) you must be the child's parent or legal guardian at the time of the request.

For name changes due to adoption or court order, the name must first be registered by the Utah Department of Health Office of Vital Records and Statistics. For more information, access <https://vitalrecords.utah.gov>

Please fill out the information below, sign, date, and submit by mail, fax, or Email to the Utah Department of Health—contact information provided in the upper right corner of this form.

Once modified, a USIIS record will not be accessible by the previous legal name.

**Requesting name change for (check one):**  Self or  Child

### Self or Child Information

1. Previous Legal Name: \_\_\_\_\_  
Last First Middle

Birth Country: \_\_\_\_\_ Birth State: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

2. Current Legal Name: \_\_\_\_\_  
Last First Middle

### Parent or Guardian Information

(Required for name change of a minor.)

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

### Please indicate how you would like to receive confirmation.

(Please choose one.)

Email to: \_\_\_\_\_

Fax to: \_\_\_\_\_

Mail to: \_\_\_\_\_

Street City State Zip

**Important:** If you request confirmation to be Emailed to you, please check your 'spam' or 'junk' folder.

### Attestation of Identity

I, \_\_\_\_\_, as the Parent or Legal Guardian of the minor child named above—or as the adult individual of the person named above, give permission to the Utah Department of Health to modify the legal name in a USIIS immunization record of the named person.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date