

## **My Vax Records Demographic Immunization Record Amendment Request**

**NOTE:** Before beginning this process, it may be faster to request any updates to your immunization record directly from your current healthcare provider or to utilize our electronic amendment form request system to request the Massachusetts Department of Public Health (MDPH) make the demographic updates to your immunization record. You may access the electronic system at the following link: <https://myvaxrecords.mass.gov/pages/Request>. If that is not possible, please read this information and complete the form below:

The Massachusetts Immunization Information System (MIIS) is a web-based system that keeps track of all immunizations healthcare providers administer to children and adults in Massachusetts. The system was established in 2011 and is operated by the Massachusetts Department of Public Health (MDPH) according to state law ([M.G.L c. 111, Section 24M](#)).

**All individual information in the MIIS is kept confidential in accordance with applicable law.**

To request a MDPH Demographic Immunization Record Amendment, please submit the following and we will make every effort to respond within 10 business day:

- All pages of the Demographic Immunization Amendment Request Form, completed and signed and notarized
- A photocopy of your driver's license, or other state-issued ID, with the license number shielded or removed
- If you are requesting a name change (not a minor misspelling), you must submit legal proof of name change
- If your new address is not reflected on your ID, please submit proof of your new address (e.g. a copy of a utility bill)

MDPH cannot amend the demographic information associated with your MIIS immunization record without the documentation listed above.

**Please return the completed paperwork to MDPH by mail or fax:**

My Vax Records  
Massachusetts Immunization Information System (MIIS)  
Massachusetts Department of Public Health, Immunization Division  
305 South Street, Jamaica Plain, MA 02130

FAX: 857-323-8321

**DO NOT SUBMIT VIA EMAIL – MIIS EMAIL IS NOT SECURE**

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**Individual or Dependent Information:**

**Information on Record being updated:** This information is necessary to ensure the identity of the individual whose record is being updated (*i.e. you, your child, or individual over whom you have legal authority*).

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **GENDER:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_  
MM/DD/YYYY

**ADDRESS:** \_\_\_\_\_  
STREET CITY STATE ZIPCODE

**MOTHERS MAIDEN NAME:** \_\_\_\_\_ IF AVAILABLE FOR  
INDIVIDUAL YOUNGER THAN 18 YEARS OF AGE

**Information on Requestor of the record:** This information is necessary to ensure the individual/agency has the legal authority to complete this record request.

☐ Requestor same as above – skip to **Signature of Requestor**, otherwise complete section below.

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

**ADDRESS:** \_\_\_\_\_  
STREET CITY STATE ZIPCODE

**PHONE NUMBER:** \_\_\_\_\_

**I authorize the Massachusetts Department of Public Health to release confirmation of record processing to the following:**

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

If you do not have access to an email, you may request confirmation via Fax or Phone:

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

Phone: \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Signature of Requestor:** I am requesting an update to the demographic information associated with my own record, or I am the parent, guardian, or other person legally authorized to act for the person whose record I am requesting. I certify under the penalties of perjury that the information I am providing is true to the best of my knowledge.

**Verification: To be Completed by a Certified Notary Public**

**OFFICIAL SIGNATURE AND SEAL OF NOTARY:**

STATE OF \_\_\_\_\_

\_\_\_\_\_ County, ss.

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on this document in my presence. And has produced documentation to confirm legal authority if requesting on behalf of another person.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission #

\_\_\_\_\_  
My commission expires

**Description of requested demographic change to MIIS record:**

Please explain what change you are requesting:

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