

**THE AGA KHAN UNIVERSITY HOSPITAL  
HEALTH INFORMATION MANAGEMENT SERVICES**

**APPLICATION FORM FOR DEATH VERIFICATION LETTER**

Date : \_\_\_\_\_

Deceased's Medical Record No : \_\_\_\_\_

Date of Death : \_\_\_\_\_

Name of Applicant : \_\_\_\_\_

Relationship with the Deceased : \_\_\_\_\_

Please Specify Reason : \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Immediate Family Member

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**Please Note:**

1. Only immediate family member is authorized to submit/collect the letter in person.
2. A copy of National Identity Card of the Deceased and the Applicant with the processing fees of Rs. 1400/- must be submitted with the Application Form.
3. The original National Identity Cards will have to be produced for verification purpose at the time of the submission of application.
4. The letter will be issued after three working days.

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**ACKNOWLEDGEMENT**

Please collect the Letter applied for Deceased Medical Record No. \_\_\_\_\_ On \_\_\_\_\_.

Please bring this slip along with you for collection of certificate.

**Application received by:**

**Letter received by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date