THE AGA KHAN UNIVERSITY HOSPITAL
HEALTH INFORMATION MANAGEMENT SERVICES

<u>APPLICATION FORM FOR DUPLICATE BIRTH CERTIFICATE</u>

Date   :   _____

Infant's Medical Record No.   :   _____

Mother's Full Name   :   _____

Mother's Medical Record No.   :   _____

Father's Full Name   :   _____

Sex of Infant   :   _____

Date of Birth   :   _____

Time of Birth   :   _____

Reason   :   _____

_____
Signature of Mother / Father

<u>Please Note:</u>

1. Only Mother or Father is authorized to submit the application form or collect the Birth Certificate.
2. A copy of National Identity Card of both the Parents along with the processing fee of Rs. 1900/- must be submitted with the Application Form.
3. Duplicate Birth Certificate will be issued on next working day.

<u>ACKNOWLEDGEMENT</u>

Please collect the **<u>Duplicate Birth Certificate</u>** applied for Medical Record No._____ On _____ .

Please bring this slip with you for collection of Certificate.

Application received by: **Certificate received by:**

_____   _____
Name/Signature   Name/Signature

_____   _____
Date   Date