

THE AGA KHAN UNIVERSITY HOSPITAL
HEALTH INFORMATION MANAGEMENT SERVICES

APPLICATION FORM FOR DUPLICATE BIRTH CERTIFICATE

Date	
Child's Medical Record Number	
Mother's Full Name	
Mother's Medical Record Number	
Father's Full Name	
Child's Gender	
Date of Birth	
Time of Birth	
Please State the Reason for Requesting a Duplicate Birth Certificate	

Signature of Mother / Father

Please Note:

1. Only the mother or father is authorized to submit the application form or collect the birth certificate.
2. A copy of the National Identity Card (NIC) of both parents, along with the processing fee of Rs. 1,900/- must be submitted with the application form.
3. Duplicate birth certificate will be issued on the next working day.

ACKNOWLEDGEMENT

Please collect the **Duplicate Birth Certificate** applied for Medical Record No. _____ on _____.

Please bring this slip with you at the time of collection.

Application received by:

Certificate received by:

Name/Signature

Name/Signature

Date

Date