

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

**APPLICATION FORM FOR AMENDMENT IN BIRTH CERTIFICATE**

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

Child's Medical Record No.: \_\_\_\_\_

Mother's Medical Record No.: \_\_\_\_\_

**Old Information:**

Mother's Full Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

**Changes Required** (To be filled in by the Applicant):

Mother's Full Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

The above statement is true and correct to the best of my knowledge and belief and nothing has been concealed.

\_\_\_\_\_  
Signature of Mother or Father

**Please Note:**

1. Only the mother or father is authorized to submit the application or collect the birth certificate.
2. The information provided in this form will be considered final and authentic.
3. No changes will be allowed after the submission of this form.
4. The original birth certificate, along with a copy of National Identity Card (CNIC) of the mother and father with a processing fee of Rs. 1,900/- must be submitted with the application form.
5. The amended birth certificate will be issued on the next working day.

**ACKNOWLEDGEMENT**

Please collect the **Amended Birth Certificate** applied for Medical Record No. \_\_\_\_\_ on \_\_\_\_\_.

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

**Application received by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Certificate received by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date