

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

**APPLICATION FORM FOR AMENDMENT IN DEATH CERTIFICATE**

Date : \_\_\_\_\_  
Deceased's Full Name : \_\_\_\_\_  
Deceased's Medical Record No : \_\_\_\_\_  
Applicant's Full Name : \_\_\_\_\_  
Applicant's Relationship with the Deceased : \_\_\_\_\_

**Previous Information**

**Change to**  
(To be filled in by the Applicant)

Deceased's Name : \_\_\_\_\_  
Father's /Husband's Name: \_\_\_\_\_  
Address : \_\_\_\_\_  
Age : \_\_\_\_\_  
Religion : \_\_\_\_\_  
Nationality : \_\_\_\_\_

Deceased's Name : \_\_\_\_\_  
Father's/Husband's Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Age : \_\_\_\_\_  
Religion : \_\_\_\_\_  
Nationality : \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**Please Note:**

1. Only immediate family member (in person) is authorized to apply for or receive the Amended Death Certificate.
2. Original two copies of death certificate with copies of National Identity Cards of the Deceased and the Applicant 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 the application.
4. Information given above will be considered final and authentic.
5. Amended Certificate will be issued after six working days.
6. **NO** change will be accepted after the submission of this application form.

**ACKNOWLEDGEMENT**

Please collect the **Amended Death Certificate** applied for Medical Record No. \_\_\_\_\_ on \_\_\_\_\_.  
Please bring this slip along with you for collection of Certificate.

**Application received by:**

**Certificate received by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date