

**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 the Applicant	
Applicant's Relationship with the Deceased	
Please State the Reason for Requesting a Death Verification Letter	

Signature of Immediate Family Member

Please Note:

1. Only an immediate family member is authorized to submit or collect the letter in person. Confirmation of the relationship must be provided through a NADRA Family Registration Certificate (FRC).
2. A copy of National Identity Card (NIC) of the deceased and the applicant along with the processing fees of Rs. 1,900/- must be submitted with the application form.
3. The original National Identity Cards (NICs) of both the deceased and applicant must be presented for verification purpose at the time of the submission.
4. The letter will be issued after three working days.

ACKNOWLEDGEMENT

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

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

Application received by:

Letter received by:

Signature

Signature

Date

Date