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 Applicant : _____

Relationship with the Deceased : _____

Please Specify Reason : _____

_____

_____
Signature of Immediate Family Member

Please Note:

1. Only immediate family member is authorized to submit/collect the letter in person.
2. A copy of National Identity Card of the Deceased and the Applicant with the processing fees of Rs. 2000/- 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 application.
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 for collection of certificate.

Application received by:

_____
Signature

_____
Date

Letter received by:

_____
Signature

_____
Date