

**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. : \_\_\_\_\_

**Previous Information**

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

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

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

Father'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 Mother or Father is authorized to submit the application or collect the Birth Certificate.
2. Information given above will be considered final and authentic.
3. **No** changes will be made after the submission of this form.
4. Original and Attested Birth Certificate along with a copy of National Identity Card of the Mother and Father with a processing fee of Rs. 530/- must be submitted with the Application Form.
5. Amended Birth Certificate will be issued on next working day.

**ACKNOWLEDGEMENT**

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

Please bring this slip with you for collection of Certificate.

**Application received by:**

**Certificate received by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date