

The Aga Khan University
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 by the Applicant)

| | |
|---------------------------------|---------------------------------|
| Deceased's Name : _____ | Deceased's Name : _____ |
| Father's/Husband's Name : _____ | Father's/Husband's Name : _____ |
| Address : _____ _____ | Address : _____ _____ |
| Date of Birth : _____ | Date of Birth : _____ |
| National ID # : _____ | National ID # : _____ |
| Marital Status : _____ | Marital Status : _____ |

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

Application received by: _____ 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 Death Certificate will be issued after six working days.
6. **NO** change will be accepted after submission of this application form.

ACKNOWLEDGEMENT

Please collect the **Amended Death Certificate** applied for Medical Record No. _____ On _____.

Please bring this slip with you for collection of Certificate.

Application received by:

Certificate received by:

Name/Signature

Name/Signature

Date

Date