

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

APPLICATION FORM FOR DUPLICATE BIRTH CERTIFICATE

Date : _____

Infant's Medical Record No. : _____

Mother's Full Name : _____

Mother's Medical Record No. : _____

Father's Full Name : _____

Sex of Infant : _____

Date of Birth : _____

Time of Birth : _____

Reason : _____

Signature of Mother / Father

Please Note:

1. Only Mother or Father is authorized to submit the application form or collect the Birth Certificate.
2. A copy of National Identity Card of both the Parents along with the processing fee of Rs. 530/- must be submitted with the Application Form.
3. Duplicate Birth Certificate will be issued on next working day.

ACKNOWLEDGEMENT

Please collect the **Duplicate Birth 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