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

AKUH 0383/HIMS004  April 2009  Rev. # 02