

Details of birth (to be completed by doctor) continued

Doctor's Address:

County

Postcode

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Doctor's telephone number:

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MOBILE

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LANDLINE

Doctor's email address:

If you make any alterations after you complete the form, you must initial and date them otherwise the information supplied cannot be accepted.

Data Protection Statement

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/ Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.

