

# Medical Certificate for Paternity Benefit

49EDF88C

Social Welfare Services  
**PB 3**

Data Classification R



If you are **self-employed**, a doctor must complete this form to certify the expected due date of your baby (or the baby's date of birth). This is required to confirm that you are entitled to paternity leave.

## Your details

Your PPS No:

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Your name:


## Details of birth (to be completed by doctor)

I certify that:

Mother's PPS No:

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Mother's name:


is expected to give birth on:  
or

D	D	M	M	Y	Y	Y	Y												

gave birth on:

D	D	M	M	Y	Y	Y	Y												

Doctor's name:


DSP panel number:

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IMC number:

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Doctor's Signature (not block letters)

Date of Certification:

D	D	M	M	Y	Y	Y	Y												

Doctor's official stamp

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