

# Medical Certificate for Maternity Benefit

D746365C

Social Welfare Services  
**MB 3**  
Data Classification R



If you are **self-employed** or **not currently employed**, your doctor must complete this form **after your 24<sup>th</sup> week of pregnancy**.

I certify that I have examined

PPSN of applicant:

Name of applicant:

and that in my opinion she may expect to give birth on:     
D D M M Y Y Y Y

Date of examination:     
D D M M Y Y Y Y

Doctor's name:

DSP panel number:  IMC number:

Address:   
  
  
County  Postcode

Doctor's telephone number:

Doctor's email address:

Doctor's Signature (not block letters)

Doctor's official stamp

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](http://www.welfare.ie/dataprotection) or hard copy.**

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

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