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:																				
Your name:																				
Details of birth (to be completed by doctor)																				
I certify that: Mother's PPS No:																				
Mother's name:																				
is expected to give birth on: or	D	D		M	M		Υ	Y	Y	Y				•						
gave birth on:	D	D		M	M		Y	Y	Υ	Υ					T					
Doctor's name:																				
DSP panel number:									IM	C n	um	ber	:							
												Do	cto	or's	offi	cial	sta	mp		
Doctor's Signature (not block letters)																				
Date of Certification:	D		M	M		Υ	Y	Y	Y											



Details of birth (to be completed by doctor) continued

Doctor's Address:																				
County	Postcode																			
Doctor's telephone number:														MOBILE						
										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.

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Page 2

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