

Medical Certificate for Maternity Benefit



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

I certify that I have examined

PPS Number of patient:

Name of patient:

and that in my opinion they may expect to give birth on:
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Date of examination:
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Doctor's name:

DSP panel number: IMC number:

Doctor's address:

County Eircode

Doctor's phone number:

Doctor's email address:

Doctor's signature

Doctor's official stamp

If you change this form after you complete it, you should initial and date any amendments otherwise the information supplied cannot be accepted

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/deasp/privacystatement or as a hard copy.

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