

Medical Certificate for Paternity Benefit



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.

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

Your details

Your PPS Number:

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Your name:

Details of birth (to be completed by doctor)

I certify that:

Mother's PPS Number:

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Mother's name:

is expected to give birth on:

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D D M M Y Y Y Y

or

gave birth on:

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D D M M Y Y Y Y

Doctor's name:

DEASP panel number:

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IMC number:

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Doctor's Signature (not block letters)

Doctor's official stamp

Date of Certification:

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D D M M Y Y Y Y

