Medical Certificate for **Paternity Benefit**

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.

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:

Your name:

Details of birth (to be completed by doctor)

I certify that:

Mother's PPS Number:

Mother's name:

is expected to give birth on: D D M M Y Y Y Y

or

gave birth on: D D M M Y Y Y Y

Doctor's name:

DEASP panel number:

IMC number:

Doctor's Signature (**not** block letters)

Doctor's official stamp

Date of Certification: D D M M Y Y Y Y

Details of birth (to be completed by doctor) continued

Doctor's Address:

County

Eircode/ Postcode

Doctor's telephone number:

MOBILE

LANDLINE

Doctor's email address:

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Data Protection Statement

The Department of Employment Affairs and 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.