



MONTSERRAT

Social Security Act, 1985

MATERNITY BENEFIT MEDICAL CERTIFICATE

WARNING: Any person who knowingly makes a false representation for the purpose of obtaining a benefit commits an offence punishable by a fine or imprisonment or both.

MEDICAL CERTIFICATE OF CONFINEMENT

To be completed by a Medical Practitioner or Registered Midwife in respect of a claim for allowance AFTER confinement

Social Security Reg. No.

Date of Birth
dd mm yy

Mrs / Miss
Full Name

I certify that I attended the above named person at her confinement involving the birth of of one child or children which took place at

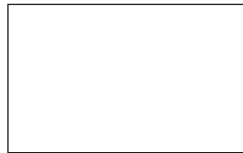
..... on
dd mm yy

Print name of Medical Practitioner or Registered Midwife

Signature..... Date
Medical Practitioner or Registered Midwife dd mm yy



Doctor's Stamp



Registration No. of Midwife

Please submit this certificate within four (4) weeks of date of confinement. Payment of Maternity Allowance will be discontinued after confinement if this certificate is not received

Form MC_2



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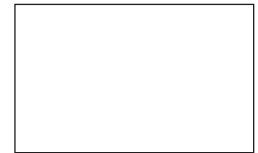
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