



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 EXPECTED CONFINEMENT

To be completed by a Medical Practitioner in respect of a claim for allowance BEFORE confinement

Social Security Reg. No.

Date of Birth
dd mm yy

Mrs / Miss
Full Name

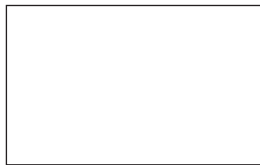
I certify that on I examined you and in my opinion you
dd mm yy

are pregnant and it is expected you will be confined on or about

dd mm yy

Print name of Medical Practitioner

Signature..... Date
dd mm yy



Doctor's Stamp



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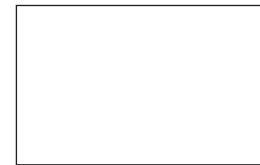
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