



Striving for Social Justice

ST. CHRISTOPHER AND NEVIS SOCIAL SECURITY BOARD

CLAIM FOR MATERNITY GRANT

(*MEDICAL CERTIFICATE OF CONFINEMENT)

Note: To be completed by a Medical Practitioner or a Registered Midwife.

1. Social Security No.

2. **FIRST NAME** **MIDDLE NAME(S)** **SURNAME**

3. I certify that I attended you at your confinement on (dd/mm/yyyy)

4. I certify that your confinement resulted in the birth of _____ (No of children delivered)

5. The confinement took place at _____
(medical facility/place)

6. Gender of child/children _____

7. Name of Medical Practitioner/Midwife _____

8. Practitioner's/Midwife's Signature _____

9. Midwife's Registration No.

Affix office stamp here

10. Certificate given on (dd/mm/yyyy)

For Official Use

Date Received (dd/mm/yyyy)

Claim Number

Verification Document Received _____

Signature of Receiving Officer _____