



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. The confinement took place at (Medical facility or place)

5. I certify that the confinement resulted in the birth of

6. Gender of child/children

7. Name of Medical Practitioner/Midwife

8. Practitioner's/Midwife's Signature

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

10. Midwife's Registration No.

Affix office stamp here

For Official Use

Date Received (dd/mm/yyyy)

Claim Number

Verification Documents Received

Signature of Receiving Officer