



**SOCIAL SECURITY ACT, 1972**  
**CERTIFICATE OF CONFINEMENT**

**(To be completed by a Medical Doctor or Midwife registered in Antigua  
and Barbuda)**

Miss/Mrs.....

I certify that I attended to you at your confinement which took place on:

..... 20..... after  
.....weeks of pregnancy.

.....  
Name of Doctor

.....  
Signature

.....  
Date

OR

.....  
Name of Midwife

.....  
Signature

.....  
Date

Official Stamp:



**CLAIM FOR MATERNITY GRANT**

SOCIAL SECURITY #:

Name:.....

Mailing Address:.....

Bank Name.....

OR

.....

A/C#.....

Telephone No(s):.....

Signature:.....

Date:.....

**To be completed by the husband applying on behalf of his wife**

SOCIAL SECURITY #:   
(of husband)

Name:.....

Mailing Address:.....

Bank Name.....

OR

.....

A/C#.....

Telephone No(s):.....

Current Employer(s): 1. .... 2. ....

Name of Wife.....

Signature of Applicant:..... Date:.....