

Declaration of Birth

As an alternative document for the birth certificate or legal contract, you may have the Declaration of Birth form completed by the attending physician.

Name: _____ Leave ID Number: _____

Request Date: _____

Estimated Leave Dates: _____ to _____

Note: If you did not report a leave end date at the time you requested your leave, the leave end date above was calculated to reflect the date of your maximum entitlement.

If either date has changed please indicate below:

Revised Leave Dates: From / / To / /

Instructions to Attending Physician or Health Care Provider – the claimant above has requested leave to bond with their child following birth, please complete the following information:

Please indicate the child's Date of Birth: / /

Parents' Information: Parent/Legal Guardian (First, Last) _____

Parent/Legal Guardian (First, Last) _____

Will this leave be taken on an intermittent basis (non-continuous time)? Yes ☐ No ☐

If yes, what is the expected frequency of absences? _____

Signature of Health Care Provider: _____ Date: _____

Hospital Name: _____ Address: _____

Print name of provider: _____ Phone: () - Fax: () -
Please include the area code

Specialty/credentials of Health Care Provider: _____

Employee: Keep the original for your file and fax a copy to Leave Services, at the number 866-265-8993. Or, you can keep a copy for your file and mail the original to:

Lincoln Financial Group
Leave Services
PO Box 8700
Dover, NH 03821-8700