



Application form for Child Benefit

You need a Personal Public Service Number (PPS No.) before you apply.

How to complete this application form.

- Please use this page as a guide to filling in this form.
- Please answer **all questions**. Incomplete forms will be returned and this may delay your application.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- If you want to claim for any children aged 16 or 17 you should complete this form and form CB2, which you can get online at www.welfare.ie, from your local Social Welfare Office and from post offices.

You could lose out on benefit unless you complete and return this application form within 12 months of the month in which:

- the child is born, or
- the child became a member of your family, or
- you and your family came to live in the Republic of Ireland, or
- you or your spouse, civil partner or cohabitant commence(s) employment here.

Note: Child Benefit is not paid for the month in which the child is born.

If you are applying later than 12 months after any of these events and you wish to apply for arrears, you must give the reason(s) for the late application in **Part 7** and attach written evidence.

- **Child Benefit is normally paid to the mother or step-mother.** In certain cases, it can be paid to other people. The Department may need to get information from other agencies about your application and may use details on this form to check your eligibility for Child Benefit when contacting them.

Applicant:

Fill in all **Parts**. When form is completed, sign declaration in **Part 1**.

If you need any help to complete this form, please contact your local Citizens Information Centre, your local Intreo Centre, your local Social Welfare Office or the Child Benefit Section.

Telephone: 074 916 4496

LoCall: 1890 400 400

If calling from outside the Republic of Ireland please call +353 74 916 4496.

Note: The rates charged for the use of 1890 (LoCall) numbers may vary among different service providers.

For more information, log on to www.welfare.ie.

How to fill in first page of this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.:	1	2	3	4	5	6	7	T											
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your first name as it appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	C	D	E	R	M	O	T	T										
7. Your mother's birth surname:	K	E	L	L	Y														
8. Your date of birth:	2	8	0	2	1	9	7	0											
	D	D	M	M	Y	Y	Y	Y											

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T							
	O	L	D		T	O	W	N											
	D	O	N	E	G	A	L		T	O	W	N							
County	D	O	N	E	G	A	L		Post Code										
10. Your telephone number:	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
	MOBILE																		
	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
	LANDLINE																		
11. Your email address:	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R		
	B	O	X																

SAMPLE

Application form for Child Benefit



Part 1

Your own details

1. **Your PPS No.:**

2. **Title:** (insert an 'X' or specify) Mr. Mrs. Ms. Other

3. **Surname:**

4. **First name(s):**

5. **Your first name as it appears on your birth certificate:**

6. **Birth surname:**

7. **Your mother's birth surname:**

8. **Your date of birth:**

D D M M Y Y Y Y

Contact Details

9. **Your address:**

County

Post Code

10. **Your telephone number:**

MOBILE

LANDLINE

11. **Your email address:**

Declaration

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

Signature (not block letters)

Date:

D D M M 2 0 Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part 1 continued

Your own details

12. Are you?

- Single
 Married
 Separated
 Divorced
 Widowed

- Cohabiting
 In a Civil Partnership
 A surviving Civil Partner
 A former Civil Partner
(you were in a Civil Partnership
that has since been dissolved)

13. If you are:

Married or entered into a civil partnership, from what date?

D	D	M	M	Y	Y	Y	Y		

Cohabiting, from what date?

D	D	M	M	Y	Y	Y	Y		

Separated, divorced or civil partnership dissolved, from what date?

D	D	M	M	Y	Y	Y	Y		

14. Are or were you getting
Child Benefit?

- Yes No

If 'Yes', please state:

Reference number:

Last date of payment:

D	D	M	M	Y	Y	Y	Y		

Country that pays you:

15. Do you have a Social Insurance Number or the equivalent, for example, National Insurance, Pesel, CNP or ID Number?

- Yes No

If 'Yes', please state:

Number:

16. Are you getting any other social welfare benefit or pension?

- Yes No

If 'Yes', please state:

Country that pays you:

Name of benefit or pension:

Reference number:

17. Are you employed or self-employed?

Yes No

Please state:

If a Polish national, your NIP number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of country where you work:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of country in which you pay social insurance:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of employer:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date you started your current employment:

D	D	M	M	Y	Y	Y	Y

If employed, please attach a letter from your employer, stating the date you started working, your employer's registered number and the class of social insurance paid.

18. If you have recently moved to the Republic of Ireland, when did you and your family move here?

You:

D	D	M	M	Y	Y	Y	Y

Your spouse, civil partner or cohabitant:

D	D	M	M	Y	Y	Y	Y

Your children:

D	D	M	M	Y	Y	Y	Y

19. What country were you born in?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

20. What is your nationality?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

21. Have you lived in the Republic of Ireland continuously since the date you came to live here or returned to live here?

Yes No

22. Please give details of each country outside the Republic of Ireland that you have lived in.

Country 1

Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Dates you lived there:

From:

--	--	--	--	--	--	--	--

To:

--	--	--	--	--	--	--	--

D D M M Y Y Y Y

Last address there:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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County

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Post Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Why did you live there?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country 2

Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Dates you lived there:

From:

--	--

--	--

--	--	--	--

To:

--	--

--	--

--	--	--	--

D D M M Y Y Y Y

Last address there:

County

--	--	--	--	--	--	--	--	--	--

Post Code

--	--	--	--	--	--	--	--	--	--

Why did you live there?

--

Note: A separate sheet of paper can be used for more details if needed.

23. Have you lived at the same address for the last 2 years?

Yes No

If 'No', please give details of where you lived in the space provided.

Last address:

County

--	--	--	--	--	--	--	--	--	--

Post Code

--	--	--	--	--	--	--	--	--	--

From:

--	--

--	--

--	--	--	--

To:

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--	--

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D D M M Y Y Y Y

24. Does any of your or your spouse's, civil partner's or cohabitant's close family, for example, parent, brother or sister, live in the Republic of Ireland?

Yes No

If 'Yes', please state:

Person 1

Their surname:

Their first name(s):

Their date of birth:

D D M M Y Y Y Y

Their address:

County Post Code

Their relationship to you:

Date they came to the Republic of Ireland:

D D M M Y Y Y Y

Person 2

Their surname:

Their first name(s):

Their date of birth:

D D M M Y Y Y Y

Their address:

County Post Code

Their relationship to you:

Date they came to the Republic of Ireland:

D D M M Y Y Y Y

Person 3

Their surname: [grid]

Their first name(s): [grid]

Their date of birth: [DD][MM][YYYY]
D D M M Y Y Y Y

Their address: [grid]
County [grid] Post Code [grid]

Their relationship to you: [grid]

Date they came to the Republic of Ireland: [DD][MM][YYYY]
D D M M Y Y Y Y

Note: A separate sheet of paper can be used for more details if needed.

25. Do you have a current Garda National Immigration Bureau (GNIB) Card?

[] Yes [] No

If 'Yes', please state:

Your GNIB Number: [grid]

If 'No', please state:

Have you ever made an application for refugee status or leave to remain in the State?

[] Yes [] No

If 'Yes', please state:

Are you awaiting a decision on your application?

[] Yes [] No

If 'Yes', please provide verified copies of all relevant documentation from the Department of Justice and Equality. Please do not post the original documents, as the Department of Justice and Equality advise that you must keep the originals with you at all times.

The Department recommends direct payment to your current, deposit or savings account in a financial institution. This is the best payment option for you as you can receive your payment at a time and place that suits you. The account must be in your name or jointly held by you.

Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution: [Grid]

Bank Identifier Code (BIC): [Grid]

International Bank Account Number (IBAN): [Grid]

Name(s) of account holder(s): Name 1: [Grid]

Name 2 (if any): [Grid]

Post Office

If you do not have an account in a financial institution please indicate the post office where you wish your payment to be made.

Post office address: [Grid]

County [Grid] Post Code [Grid]

An Post childcare savings account

Account number: [Grid]

You can get an application form for this account from your local post office.

26. Please give details here of child(ren) you wish to claim for.

Child 1

Their surname:

Their first name(s):

Are they: Male Female

Their date of birth:

D D M M Y Y Y Y

Their nationality:

How is the child related to you?

Is this child living with you in the Republic of Ireland? Yes No

If 'No', what country do they live in?

Date they came to live with you:

D D M M Y Y Y Y

Their Social Insurance Number or the equivalent, for example, National Insurance, Pesel, CNP or ID Number:

Child 2

Their surname:

Their first name(s):

Are they: Male Female

Their date of birth:

D D M M Y Y Y Y

Their nationality:

How is the child related to you?

Is this child living with you in the Republic of Ireland? Yes No

If 'No', what country do they live in?

Date they came to live with you:

D D M M Y Y Y Y

Their Social Insurance Number or the equivalent, for example, National Insurance, Pesel, CNP or ID Number:

Child 3

Their surname:

Their first name(s):

Are they: Male Female

Their date of birth:
D D M M Y Y Y Y

Their nationality:

How is the child related to you?

Is this child living with you in the Republic of Ireland? Yes No

If 'No', what country do they live in?

Date they came to live with you:
D D M M Y Y Y Y

Their Social Insurance Number or the equivalent, for example, National Insurance, Pesel, CNP or ID Number:

Child 4

Their surname:

Their first name(s):

Are they: Male Female

Their date of birth:
D D M M Y Y Y Y

Their nationality:

How is the child related to you?

Is this child living with you in the Republic of Ireland? Yes No

If 'No', what country do they live in?

Date they came to live with you:
D D M M Y Y Y Y

Their Social Insurance Number or the equivalent, for example, National Insurance, Pesel, CNP or ID Number:

27.How many children now live with you? under age 16 over age 16

28.If any children are not living with you, please state name of the parent or guardian with whom the child(ren) live:

Their surname:

Their first name(s):

Their birth surname:

Their date of birth:
D D M M Y Y Y Y

Their address:

County Post Code

Their relationship to the child(ren):

Their Social Insurance Number or the equivalent, for example, National Insurance, Pesel, CNP or ID Number:

If a Polish national, their NIP number:

29.Are any of the children now living with you....?

Adopted: Yes No

Fostered: Yes No

Not your own: Yes No

If 'Yes', please state social worker's:

Surname:

First name(s):

Address:

County Post Code

Telephone number: MOBILE
 LANDLINE

Email address:

Part 4 continued

Details of your qualified child(ren)

30. Do you have legal custody of your child(ren)?

Yes No

31. Do you support your child(ren)?

Yes No

For each child of school going age living in the Republic of Ireland, please attach a letter from their school or college to confirm the date they started attending.

For each child not of school going age living in the Republic of Ireland, please attach a letter from your doctor, the Gardaí, playschool or crèche to confirm that the child is normally living in the Republic of Ireland.

Part 5

Your spouse's, civil partner's or cohabitant's details

32. Their PPS No.:

33. Title: (insert an 'X' or specify)

Mr. Mrs. Ms. Other

34. Their surname:

35. Their first name(s):

36. Their birth surname:

37. Their Social Insurance Number or the equivalent, for example, National Insurance, Pesel, CNP or ID Number:

38. If a Polish national, their NIP number:

39. Their date of birth:

D D M M Y Y Y Y

40. Their address:

Answer this question only if you do not live together.

County

Post Code

41. Their nationality:

42. Are they getting Child Benefit?

Yes No

If 'Yes', please state:

Reference number:

Last date of payment:

D D M M Y Y Y Y

Country that pays them:

Have you enclosed the following?

- Verified copy of certificate(s) of registration (GNIB card) for all non-EU and non-EEA nationals***
- Letter from school or college for each child of school going age living in the Republic of Ireland confirming the date your child started attending**
- Letter from your doctor, the Gardaí, playschool or crèche confirming residency of each child not of school going age living in the Republic of Ireland**
- Letter from your and your spouse's, civil partner's or cohabitant's employer with employer's registered number, the class of social insurance paid and start date of employment**
- Completed and signed HRC1 form for unemployed EU and EEA nationals and all non-EU and non-EEA nationals**
- Completed CB2 form for children aged 16 or 17**
- Relevant documents from the Department of Justice and Equality if you have applied for refugee or residency status**

If your child(ren) were born outside the Republic of Ireland:

- Original or verified copies of birth certificates for each child you wish to claim for.***
Translations of birth certificates on their own are not sufficient.

* To have verified, please bring to any Garda Station or office of the Department of Social Protection. Please note that **only** verified copies of the original versions of certificates are acceptable.

To avoid delay, please send all the certificates and documents that are needed with this form.

If you are sending in certificates or documents later, give details here:

Important: If you are sending in certificates or documents later, remember to include your full name, present address and your PPS number with them.

If you have moved here from another country, please remember to provide us with your last address in that country at Question 22.

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

Department use only

HRC satisfied HRC not satisfied HRC1 issued

I **award** payment of Child Benefit to the children named in **Part 4**.

I **disallow** payment of Child Benefit to the children named in **Part 4**.

With effect from:
M M Y Y Y Y

Date:
D D M M Y Y Y Y

Deciding officers signature (not block letters)

Send this completed application form to:

Child Benefit Section

Social Welfare Services
Department of Social Protection
St. Oliver Plunkett Road
Letterkenny
Co. Donegal

Telephone: 074 916 4496

LoCall: 1890 400 400

If you are calling from outside the Republic of Ireland please call: + 353 74 916 4496

Note: The rates charged for the use of 1890 (LoCall) numbers may vary among different service providers.

Data Protection Statement

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.