



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

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:

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:

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

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:

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.

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:

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.