



Application form for Child Benefit

How to complete this application form.

- Please tear off this page and use as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Please answer **all questions** that apply to you.
- You need a Personal Public Service Number (PPS No.) before you apply.
- 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.

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 reason(s) for the 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 Social Welfare Office or Citizens Information Centre or the Child Benefit Section in Letterkenny at LoCall 1890 400 400 (from the Republic of Ireland only), + 353 74 9164496 (from Northern Ireland or overseas).

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												
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												
	C	O		D	O	N	E	G	A	L										
10. Your telephone number:	0	8	6	1	2	3	4	5	6	7										
	MOBILE																			
	0	1	7	0	4	3	0	0	0											
	LANDLINE																			
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

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:
-
-
-
10. Your telephone number:
- MOBILE
- LANDLINE
11. Your email address:
-

Declaration

I declare that all the information I have given on this form is accurate.

I will tell the Department when my circumstances change.

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.



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. Are 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:

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

Name of paying office:

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

Address of paying office:

14. 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:

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



15. Are you employed or self-employed? Yes No

Please state:

Your social insurance number? For example, National Insurance, Pesel or ID Number etc...

Grid for social insurance number (14 digits)

If Polish national, your NIP number:

Grid for NIP number (10 digits)

Name of country where you work:

Grid for country where you work (10 letters)

Name of country in which you pay social insurance:

Grid for country where you pay social insurance (10 letters)

Name of employer:

Grid for employer name (20 letters)

Date you started your current employment:

Grid for start date (DD MM YYYY)

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.

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

You:

Grid for your move date (DD MM YYYY)

Your spouse, civil partner or cohabitant:

Grid for spouse move date (DD MM YYYY)

Your children:

Grid for children move date (DD MM YYYY)

17. What country were you born in?

Grid for country of birth (10 letters)

18. What is your nationality?

Grid for nationality (10 letters)

19. Have you lived in the Common Travel Area* all of your life including the last 2 years?

Yes No

If 'No', please complete questions 20 to 24.

If 'Yes', please give details of where you lived in the space provided.

Country 1

Country:

Grid for country (10 letters)

From:

Grid for start date (DD MM YYYY)

To:

Grid for end date (DD MM YYYY)

Why you lived there:

Large text box for reasons



Country 2

Country:

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

From:

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

To:

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

D D

M M

Y Y Y Y

Why you lived there:

--	--

Country 3

Country:

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

From:

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

To:

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

D D

M M

Y Y Y Y

Why you lived there:

--	--

***Note**

The Common Travel Area is the Republic of Ireland, Northern Ireland, Great Britain, the Isle of Man and the Channel Islands. You can spend brief periods on short holidays, studying or travelling outside the Common Travel Area and may be habitually resident here.

If you live in Northern Ireland, Great Britain, the Isle of Man or the Channel Islands, please provide proof of residence. Residency may be verified by production of a passport or identity card and one or more of the following: employment records such as P45, P60, bank statements, details of benefit payments, utility bills, rent or mortgage agreements or receipts for local authority charges.



20. 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:

Grid for last address: 4 rows of 20 boxes each.

From: DD MM YYYY

To: DD MM YYYY

Previous address in home country:

Grid for previous address: 4 rows of 20 boxes each.

From: DD MM YYYY

To: DD MM YYYY

21. Have you lived continuously in the Republic of Ireland since the day you arrived?

Yes No

22. Does any of your close family, for example, parent, brother or sister live in the Republic of Ireland?

Yes No

If 'Yes', please give their details in the space provided.

Person 1

Their surname:

Grid for surname: 1 row of 20 boxes.

Their first name(s):

Grid for first name: 1 row of 20 boxes.

Their address:

Grid for address: 3 rows of 20 boxes each.

Their date of birth:

From: DD MM YYYY

Their relationship to you:

Grid for relationship: 1 row of 20 boxes.

When they came to the Republic of Ireland:

To: DD MM YYYY



Person 2

Their surname:

Their first name(s):

Their address:

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

Their relationship to you:

When they came to the Republic of Ireland:
 D D M M Y Y Y Y

Person 3

Their surname:

Their first name(s):

Their address:

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

Their relationship to you:

When they came to the Republic of Ireland:
 D D M M Y Y Y Y

Person 4

Their surname:

Their first name(s):

Their address:

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

Their relationship to you:

When they came to the Republic of Ireland:
 D D M M Y Y Y Y



Part 2 continued

Habitual Residence Condition

23. Have you ever made an application for refugee status?

Yes No

If 'Yes', please answer both questions (a) and (b) and provide copies of all relevant documentation from the Department of Justice, Equality and Defence.

(a) Are you awaiting a decision on an application for refugee status?

Yes No

(b) Have you been granted refugee status or leave to remain in the State?

Yes No

If 'Yes', to (b) please provide copies of all relevant documentation from the Department of Justice, Equality and Defence.

Part 3

Your payment details

You can get your payment at your local post office or direct to your current, deposit or savings account in a financial institution or into an An Post childcare savings account. Please complete one option below.

Post Office

Post Office address:

Financial Institution

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

Name of financial institution:

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

Sort code:

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

Account number:

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

Bank Identifier Code (BIC):

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

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

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

Name 2 (if any):

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

An Post childcare savings account

Account number:

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

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



24. 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

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? For example, National Insurance, Pesel or ID Number etc...

Child 2

Their surname:

Their first name(s):

Are they: Male Female

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

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? For example, National Insurance, Pesel or ID Number etc...



Child 3

Their surname: [grid]

Their first name(s): [grid]

Are they: Male Female

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

How is the child related to you? [grid]

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

If 'No', what country do they live in? [grid]

Date they came to live with you: [DD] [MM] [YYYY]
D D M M Y Y Y Y

Their social insurance number? For example, National Insurance, Pesel or ID Number etc... [grid]

Child 4

Their surname: [grid]

Their first name(s): [grid]

Are they: Male Female

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

How is the child related to you? [grid]

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

If 'No', what country do they live in? [grid]

Date they came to live with you: [DD] [MM] [YYYY]
D D M M Y Y Y Y

Their social insurance number? For example, National Insurance, Pesel or ID Number etc... [grid]



Part 4 continued**Details of your qualified child(ren)****28. Do you have legal custody of your child(ren)?** Yes No**29. 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****30. Their PPS No.:**

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

31. Title: (insert an 'X' or specify)Mr. Mrs. Ms. Other **32. Their surname:**

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

33. Their first name(s):

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

34. Their birth surname:

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

35. Their mother's birth surname:

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

36. Their date of birth:

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

D D M M Y Y Y Y

37. Their address:

Answer this question only if you do not live together.

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

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

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

38. Their nationality:

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

39. 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:

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

40. Are they getting any other social welfare benefit or pension? Yes No**If 'Yes', please state:**

Country that pays them:

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

Name of benefit or pension:

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

Reference number:

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



41. Are they employed or self-employed?

Yes No

Please state:

Their social insurance number: For example, National Insurance, Pesel or ID Number etc...

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

If Polish national, their NIP number:

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

Name of country where they work:

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

Name of country in which they pay social insurance:

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

Name of their employer:

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

Date they started their current employment:

D	D	M	M	Y	Y	Y	Y													

Part 6

Events that may affect your Child Benefit

You must notify Child Benefit Section in writing if any of these events occur.

- You change address
- You change post office
- You change bank or building society or An Post Childcare Account or account name
- A child aged 16 or 17 finishes education or changes or leaves school or college
- There is a death of a child for whom benefit is being paid
- You or your child are imprisoned or admitted to a home or detention centre
- A child is no longer living with you or in your care
- A child is abandoned, deserted or removed from your custody
- You or your child leave the State
- You marry or enter into a civil partnership or civil union
- You or your spouse, civil partner or cohabitant starts work in another country
- The person receiving child benefit dies
- You give birth to, adopt or foster further children
- Your family come to live in the Republic of Ireland

Part 7

Late application details

If you have not applied within 12 months, please give reason(s) why in the space provided: Attach evidence in support of your reason(s) for claiming late if available.



Have you enclosed the following?

- Verified copy of your certificate 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, Equality and Defence if you have applied for refugee or residency status
- Work permit for Romanian and Bulgarian nationals (if applicable)

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

- Original birth certificate(s) or a verified copy 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.

Please remember to sign the declaration in Part 1.



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

LoCall: 1890 400 400 (from the Republic of Ireland only)
+ 353 74 9164496 (from Northern Ireland or overseas)

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

Data Protection and Freedom of Information

We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

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

