

Application form for Child Benefit

Social Welfare Services

CB 1

Data Classification R



What is Child Benefit?

Child Benefit is a monthly payment for each child that meets these requirements:

- The child normally lives with you and is being supported by you and;
- The child is under 16 or under 18 if the child is in full-time education, full-time training or has a disability and cannot support themselves.

Child Benefit is not paid for children 18 or older, even if they stay in education or training.

How do I qualify?

To qualify for Child Benefit, you must meet the habitual residence condition. This applies to all applicants regardless of nationality.

Child Benefit is normally paid to the child's mother or step-mother. If the child does not live with their mother or step-mother, but lives with their father or step-father, Child Benefit can be paid to them. If the child is not living with or being maintained by their parents, the person caring for the child may get Child Benefit.

How do I Apply?

1. If your baby is born in Ireland and you are **not** claiming for any other children, when you register the birth of your child, the Child Benefit Section will automatically send you a claim form to complete. This form also includes information on how to claim for your new baby online. To apply online at mywelfare.ie, you must have a Public Services Card and a verified **MyGovID** account. The baby is also given a Personal Public Service Number (**PPSN**).

Note: You can only claim online if you are invited to do so by the Department.

If you are already getting Child Benefit, your new baby is added to your Child Benefit claim when you register their birth. Payment will begin automatically from the month after the birth. The Department will send you a letter confirming your payment.

2. If your child is not born in Ireland, or their birth is not registered within the required time (3 months), or you are returning to Ireland, you must fill in this form and send it to the Child Benefit Section.
3. A **CB2** application form must also be filled out for each child aged 16 or 17 years.

Note: claims should be submitted within 12 months; If you have not applied within 12 months and you wish to apply for arrears, please complete Part 7.

How to complete this application form

- Please tear off this page and use as a guide to filling in this form.
- Please answer **all questions**, incomplete forms will be returned and this may delay your application.
- Please write in BLOCK LETTERS with a **BLACK** ball point pen and place an **X** in the relevant boxes
- When form is completed, sign declaration in **Part 1** and send it to

Child Benefit Section
Department of Social Protection
St Oliver Plunkett Road
Letterkenny
Co Donegal
F92 T449

For more information, visit www.gov.ie or telephone (074) 9164496.

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.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Your PPS Number: | <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>T</td><td></td><td></td></tr></table> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. Surname: | <table border="1"><tr><td>M</td><td>U</td><td>R</td><td>P</td><td>H</td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | M | U | R | P | H | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4. First names: | <table border="1"><tr><td>M</td><td>A</td><td>U</td><td>R</td><td>E</td><td>E</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | M | A | U | R | E | E | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5. Your first name as it appears on your birth certificate: | <table border="1"><tr><td>M</td><td>A</td><td>R</td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | M | A | R | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6. Your Birth Surname: | <table border="1"><tr><td>M</td><td>C</td><td>D</td><td>E</td><td>R</td><td>M</td><td>O</td><td>T</td><td>T</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | M | C | D | E | R | M | O | T | T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | C | D | E | R | M | O | T | T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Your mother's birth surname: | <table border="1"><tr><td>W</td><td>A</td><td>L</td><td>S</td><td>H</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | W | A | L | S | H | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 8. Your date of birth: | <table border="1"><tr><td>2</td><td>8</td><td></td><td></td><td>0</td><td>2</td><td></td><td></td><td>1</td><td>9</td><td>7</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D</td><td>D</td><td></td><td></td><td>M</td><td>M</td><td></td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | 2 | 8 | | | 0 | 2 | | | 1 | 9 | 7 | 0 | | | | | | | | | D | D | | | M | M | | | Y | Y | Y | Y | | | | | | | | |
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Contact Details

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| 9. Your address: | <table border="1"><tr><td>1</td><td></td><td>N</td><td>E</td><td>W</td><td></td><td>S</td><td>T</td><td>R</td><td>E</td><td>E</td><td>T</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>O</td><td>L</td><td>D</td><td></td><td>T</td><td>O</td><td>W</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td>T</td><td>O</td><td>W</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>County</td><td><table border="1"><tr><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td></td></tr></table></td></tr><tr><td>Eircode or Postcode</td><td><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr><tr><td>10. Your telephone number:</td><td><table border="1"><tr><td>O</td><td>N</td><td>E</td><td></td><td>N</td><td>U</td><td>M</td><td>B</td><td>E</td><td>R</td><td></td><td>P</td><td>E</td><td>R</td><td></td><td>B</td><td>O</td><td>X</td></tr></table></td></tr><tr><td>11. Your email address:</td><td><table border="1"><tr><td>O</td><td>N</td><td>E</td><td></td><td>C</td><td>H</td><td>A</td><td>R</td><td>A</td><td>C</td><td>T</td><td>E</td><td>R</td><td></td><td>P</td><td>E</td><td>R</td><td></td><td></td><td></td></tr><tr><td>B</td><td>O</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr></table> | 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 | <table border="1"><tr><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td></td></tr></table> | D | O | N | E | G | A | L | | | Eircode or Postcode | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | 10. Your telephone number: | <table border="1"><tr><td>O</td><td>N</td><td>E</td><td></td><td>N</td><td>U</td><td>M</td><td>B</td><td>E</td><td>R</td><td></td><td>P</td><td>E</td><td>R</td><td></td><td>B</td><td>O</td><td>X</td></tr></table> | O | N | E | | N | U | M | B | E | R | | P | E | R | | B | O | X | 11. Your email address: | <table border="1"><tr><td>O</td><td>N</td><td>E</td><td></td><td>C</td><td>H</td><td>A</td><td>R</td><td>A</td><td>C</td><td>T</td><td>E</td><td>R</td><td></td><td>P</td><td>E</td><td>R</td><td></td><td></td><td></td></tr><tr><td>B</td><td>O</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | O | N | E | | C | H | A | R | A | C | T | E | R | | P | E | R | | | | B | O | X | | | | | | | | | | | | | | | | | |
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SAMPLE

Application form for Child Benefit

Social Welfare Services

CB 1

Data Classification R



Part 1

Your own details

1. Your PPS Number:
2. Title: insert an **X** or specify: Mr. Mrs. Ms. Other
3. Surname:
4. First names:
5. Your first name as it appears on your birth certificate:
6. Your 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
- Eircode or Postcode
10. Your telephone number:
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.

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:

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Last date of payment:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| D | D | M | M | Y | Y | Y | Y |

Country that pays you:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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:

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

- Yes
- No

If **Yes**, please state:

Country that pays you:

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Name of benefit or pension:

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Reference number:

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17. Are you employed or self-employed?

Please state:

Yes No

Your National Insurance number:

| | | | | | | | | | | | | | | | | | |
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Name of country where you work:

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Name of country in which you pay social insurance:

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Name of employer:

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Date you started your current employment:

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| | | | | | | | |
| D | D | M | M | Y | Y | Y | Y |

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:

| | | | | | | | |
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| | | | | | | | |
| D | D | M | M | Y | Y | Y | Y |

19. What country were you born in?

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20. What is your nationality?

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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:

| | | | | | | | | | | | | | | | | | |
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Date from:

| | | | | | | | |
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| D | D | M | M | Y | Y | Y | Y |

Date to:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| D | D | M | M | Y | Y | Y | Y |

Last address there:

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Why did you live there?

Country 2

Country:

Grid for Country 2 (20 cells)

Dates you lived there:

From: [][] [][] [][][][]
To: [][] [][] [][][][]
D D M M Y Y Y Y

Last address there:

Grid for Last address there (4 rows of 20 cells)

Why did you live there?

Large text box for 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:

Grid for Last address (4 rows of 20 cells)

Dates you lived there:

From: [][] [][] [][][][]
To: [][] [][] [][][][]
D D M M Y Y Y Y

Why did you live there?

Large text box for Why did you live there?

24. Do you have a current Irish Residence Permit (IRP)?

Yes No

If **Yes**, please state:

Your IRP Number:

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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.

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

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. Please complete one option below.

Financial Institution

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

Name of financial institution:

Bank Identifier Code BIC:

International Bank Account Number IBAN:

Currency of the Bank Account:

Names of account holders:

Name 1:

Name 2 if any:

Post Office

Please enter below the name and address of the post office where you wish to collect your payment.

Post office name and address:

An Post Childcare Savings Account

Account number:

If you do not have an account and wish to open a childcare savings account with An Post, application forms are available from your local post office.

25. Please give details here of children who normally live with you and are being supported by you.

Child 1

Their surname:

Their first names:

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 **Yes**, date they came to live here:

D D M M Y Y Y Y

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

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

Child 2

Their surname:

Their first names:

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 **Yes**, date they came to live here:

D D M M Y Y Y Y

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

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

Child 3

Their surname:

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Their first names:

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Their date of birth:

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D D M M Y Y Y Y

Their nationality:

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How is the child related to you?

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

If **Yes**, date they came to live here:

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D D M M Y Y Y Y

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

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

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Child 4

Their surname:

| | | | | | | | | | | | | | | | | | | | |
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Their first names:

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Their date of birth:

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D D M M Y Y Y Y

Their nationality:

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How is the child related to you?

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

If **Yes**, date they came to live here:

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D D M M Y Y Y Y

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

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

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

27. If any children are not living with you, please state name of the parent or guardian with whom the children live:

Their surname:

Their first names:

Their birth surname:

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

Their address:

Their relationship to the children:

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

If a Polish national, their NIP number:

28. 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 names:

Address:

Telephone number:

Email address:

29. Do you have legal custody of your children?

Yes No

30. Do you support your children?

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

31. Their PPS Number:

[Grid for PPS Number]

32. Title: insert an X or specify Mr. Mrs. Ms.

Other [Grid]

33. Their surname:

[Grid for Surname]

34. Their first names:

[Grid for First Names]

35. Their birth surname:

[Grid for Birth Surname]

36. Their PPS Number or the equivalent, for example, National Insurance, Pesel, CNP or ID Number:

[Grid for PPS Number]

37. If a Polish national, their NIP number:

[Grid for NIP Number]

38. Their date of birth:

[Grid for Date of Birth: DD MM YYYY]

39. Their address:

Answer this question only if you do not live together.

[Grid for Address]

40. Their nationality:

[Grid for Nationality]

41. Are they getting Child Benefit?

Yes No

If Yes, please state:

Reference number:

[Grid for Reference Number]

Last date of payment:

[Grid for Last Date of Payment: DD MM YYYY]

Country that pays them:

[Grid for Country that pays them]

42. Are they getting any other social welfare benefit or pension?

If **Yes**, please state: Yes No

Country that pays them:

Name of benefit or pension:

Reference number:

43. Are they employed?

Please state: Yes No

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

44. Are they self-employed?

Please state: Yes No

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 are imprisoned or your child is 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 start work in another EU 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

Claims should be submitted within 12 months of:

- Birth of the child,
- the child becoming a member of your household,
- you and your family moving to Ireland or
- you or your spouse/civil partner/cohabitant commencing employment here.

Claims received outside this timeframe may result in loss of payment.

If you have not applied within 12 months and you wish to apply for arrears, please give the reason why in the space provided:

Attach evidence in support of your reasons for claiming late if available.

Have you enclosed the following?

- For all non-EU and non-EEA nationals*: a verified copy of your certificate of registration (IRP card and letter from the Minister for Justice and Equality) and a verified copy of your spouse/partner's certificate of registration (IRP card and letter from the Minister for Justice and Equality) if you are not in employment.
- 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
- Completed and signed HRC1 form for unemployed EU and EEA nationals and all non-EU and non-EEA nationals
- A completed CB2 form for **each** child aged 16 or 17 years
- Relevant documents from the Department of Justice and Equality if you have applied for refugee or residency status

If your children are resident in an EU/EEA country and DO NOT have a PPS Number:

- Original or verified copies of birth certificates, which must include the parent(s) name(s), for each child you wish to claim for.*

Translations of birth certificates on their own are not sufficient.

*To verify, please bring the original documents to any 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 21.

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.

For official 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 2 0 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 administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or as a hard copy upon request.

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