

Part 1 continued

Your own details

10. 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)

Part 2

Changes in your details

11. If you have changed address lately, please state:

Previous address:

12. Have you left the State?

- Yes
- No

If 'Yes', please state:

Date you left the State:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y

13. Have you left the family home?

- Yes
- No

If 'Yes', please state:

Date you left the family home:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y

14. Have you (re)married or (re)entered into a civil partnership or civil union?

- Yes
- No

If 'Yes', please forward an original of your marriage certificate, civil partnership or civil union registration certificate (only if this occurred outside the Republic of Ireland).

15. Have you or your spouse, civil partner or cohabitant started work in another country?

- Yes
- No

If 'Yes', please state:

Date work started:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y

Country of work:

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

16. Has the person who claimed Child Benefit died?

- Yes
- No

If 'Yes', the person who now wishes to claim Child Benefit must complete a CB1* form and return it with the customer's death certificate (if they died outside the Republic of Ireland). We do not need the children's birth certificates.

*CB1 and CB2 forms are available from our website at www.gov.ie, your local Social Welfare Office or post offices.



Part 3

New 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. If you wish to change your existing details, please complete one option below.

Post Office

New Post Office address:

Financial Institution

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

Name of new 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):

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

Part 4

Changes in your child's details

17. Have you a child aged 16 or 17 that has changed or left school?

Yes No

If 'Yes', please state:

Child's surname:

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

Child's first name(s):

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

Date child changed or left school:

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

D D M M Y Y Y Y

Name of school, if child changed school:

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

Please attach CB2* from new school.



18. Has a child you are getting Child Benefit for died?

Yes No

If 'Yes', please state:

Child's surname: [Grid]

Child's first name(s): [Grid]

Date of birth: [Grid] [Grid] [Grid] [Grid] [Grid] [Grid]
D D M M Y Y Y Y

Date of death: [Grid] [Grid] [Grid] [Grid] [Grid] [Grid]
D D M M Y Y Y Y

19. Has your child left home? Yes No

If 'Yes', please state:

Child's surname: [Grid]

Child's first name(s): [Grid]

Date child left your home: [Grid] [Grid] [Grid] [Grid] [Grid] [Grid]
D D M M Y Y Y Y

Address where child is living now: [Grid]
[Grid]
[Grid]
[Grid]

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.

Please remember to sign the declaration in Part 1.

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 or benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or as a hard copy.

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

