



# 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](http://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](http://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





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

Please state:

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

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If 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.

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

You: 

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D D      M M      Y Y Y Y

Your spouse, civil partner or cohabitant: 

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D D      M M      Y Y Y Y

Your children: 

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--	--

--	--	--	--

D D      M M      Y Y Y Y

17. What country were you born in? 

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18. What is your nationality? 

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

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: 

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

From: 

--	--

--	--

--	--	--	--

To: 

--	--

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--	--	--	--

D D      M M      Y Y Y Y

Why you lived there:

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



Country 2

Country:

Country code grid (28 boxes)

From:

From date grid (6 boxes)

To:

To date grid (6 boxes)

DD MM YY YY

Why you lived there:

Text box for Country 2 explanation

Country 3

Country:

Country code grid (28 boxes)

From:

From date grid (6 boxes)

To:

To date grid (6 boxes)

DD MM YY YY

Why you lived there:

Text box for Country 3 explanation

\*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.





**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







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:

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 4

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...



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

26. 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 address:

Their relationship to the child(ren):

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

27. 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:

Telephone number:

MOBILE

LANDLINE

Email address:



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.:

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

Mr.  Mrs.  Ms.  Other 

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32. Their surname:

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

33. Their first name(s):

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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...

Grid for social insurance number (15 cells)

If Polish national, their NIP number:

Grid for NIP number (15 cells)

Name of country where they work:

Grid for country name (15 cells)

Name of country in which they pay social insurance:

Grid for country name (15 cells)

Name of their employer:

Grid for employer name (15 cells)

Date they started their current employment:

Grid for date (DD MM YYYY)

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.

Large empty box for providing reasons and evidence for late application.



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.

