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.			Mrs	5. X		Ms				C	the	er				
3.	Surname:	M	U	R	P	Н	Υ											
4.	First name(s):	M	Α	U	R	E	E	N										
5.	Your first name as it appears on your birth certificate:	M	A	R	Y													
6.	Birth surname:	M	С	D	Ε	R	M	0	T	Т								
7.	Your mother's birth surname:	K	Ε	L	L	Y												
8.	Your date of birth:	2	8 D		0	2 M		1 Y	9 Y	7 Y	0							
					Cc	nt	act	De	eta	ils								

9. Your address:	1		N	Ε	W		S	T	R	Ε	Ε	T				
	0	L	D		T	0	W	N								
	С	0		D	0	N	Ε	G	Α	L						
10.Your telephone number:	0	8	6	1	2	3	4	5	6	7						
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LANDLINE

11. Your email address: M M U R P H Y @ W E L F A R



Application form for

Data Classification Confidential

Social Welfare Services

CB 1

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.
	Date: 20 Y Y Y Y
Signature (not block letters)	

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.



Part 1 continued	Your own details
12.Are you?	Single ☐ Cohabiting Married ☐ In a Civil Partnership Separated ☐ A surviving Civil Partner Divorced ☐ A former Civil Partner Widowed (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:

Part 2	F	Ial	oit	ua	1 F	Res	sid	en	ce	Co	on	dit	io	n						
15.Are you employed or self-employed?		Yes	5				No													
Please state:																				
Your social insurance number	er? F	or e	exa	mpl	le, N	Nati	ona	l Ins	ura	nce	e, Pe	esel	or I	D١	lum	ber	eto	···		
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		M	A.A.		V	Y	V	V										
If employed, please attach your employer's registered		ette		om	yοι		mpl	oye	r, s	tati						star	ted	l wo	rkir	ng,
16.If you have recently moved the Republic of Ireland?	l to	the	Re	pub	olic	of I	rela	nd,	wh	en	did	you	u ar	nd y	our/	far	nily	/ mo	ove	to
You:					D 4				2/											
Your spouse, civil partner	D	D		M	M]	Y	Y	Y	Y										
or cohabitant:	D	D		M	M		Y	Y	Υ	Y										
Your children:	D	D		М	M		Υ	Y	Y	Y										
17.What country were you born in?					771															
18. What is your nationality?																				
19. Have you lived in the Com	mor	n Tra	ave	l Ar	ea*	all	of y	you	r lif	e in	ıclu	din	g th	ie la	ast 2	2 ye	ars	?		
		Yes	6				No													
If 'No', please complete qu	esti	ons	20	to 2	24.															
If 'Yes', please give details		her untr	-	ou	live	d ir	the	e sp	ace	pr	ovi	ded	•							
Country:			<i>y</i> -																	
From:]														
To:]														
	D	D		M	M]	Υ	Y	Υ	Y										
Why you lived there:																				

Part 2 continued	d	Habitual Residence Condition
Country:		Country 2
	From:	
	To:	D D M M Y Y Y Y
Why you lived there):	
		Country 3
Country:		
	From:	
	To:	
Why you lived there):	D D M M Y Y Y Y

*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.



Part 2 continued

Habitual Residence Condition

20. Have you lived at t		au	uies	99 I	υιι	iie i	ası	Z y	ears	5:											
			Yes	5]	No													
If 'No', please give	details o	of w	her	e y	ou l	ive	d in	the	sp	ace	pro	ovic	led.	,							
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	To:	D	D		M	M		Υ	Y	Y	Y										
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21.Have you lived con	tinuous	ly in	the	e R			of	Irel				the	da	y yo	u a	rriv	ed?	•			
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Part 2 continued	F	Ial	bit	ua	1 F	Res	sid	en	ce	C	on	dit	io	n					
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Their first name(s):																			
Their address:																			
Their date of birth:																			
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When they came to the																			
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When they came to the						l]					l]							Ш	
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Their date of birth:																			
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When they came to the																			
Republic of Ireland:	D	D		M	M		Y	Y	Y	Y		II P I I I -	11						
		2 3 8																	

Part 2 continued	H	Ial	oit	ua	1 F	Res	id	en	ce	Co	one	dit	io 1	n						
23.Have you ever made an applif 'Yes', please answer both documentation from the De (a) Are you awaiting a decision (b) Have you been granted If 'Yes', to (b) please provided Justice, Equality and Defended.	que epar sion refu	Yes estic tm on Yes uge	ons ent an e st	(a) of ap _l	an Jus plic	d (katice atice atice l	No a e, Econ fo No ave No	nd qua or r	prov lity efu	and gee nain	d De sta in t	efer tus the	ice. ? Sta	te?				ıen [,]	t of	
You can get your payment at your local post office or direct to your current, deposit																				
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.																				
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:																				
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Name of financial institution:																				
Sort code:																				
Account number:																				
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):																				
Trainiber (IB) (IV).																				
Name(s) of account holder(s): Name 1:																				
Name 2 (if any):																				
Ar	ı Po	ost	ch	ild	lca	re	sav	in	gs	ac	coi	ınt								
Account number:														t fro	m y	our/	loc	al p	ost	office

Part 4

Details of your qualified child(ren)

24.Please give details here of child(ren) you wish to claim for.

	Chi	ld 1																	
Their surname:																			
Their first name(s):																			
Are they:		Ma	lle]	Fem	ale											
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	5]	No												
If 'No', what country do they live in?																			
Date they came to live with you:									7. /	7.6									
	D	D		M				Y											
Their social insurance numb	er?	For	exa	mp	le, ۱	Nati	ona	ıl In	sura	anc	e, P	esel	or	ID N	Nun	ıbe	r et	C	
	Chi	ld 2																	
Their surname:	Chi	ld 2	•																
Their surname: Their first name(s):	Chi	ld 2																	
	Chi	Id 2					Fem	ale											
Their first name(s):		Ma																	
Their first name(s): Are they:	Chi			M			Fem	nale	Y	Y									
Their first name(s): Are they:		Ma		M	M]			Y	Y									
Their first name(s): Are they: Their date of birth: How is the child related to		Ma	ıle	M	M				Y	Y									
Their first name(s): Are they: Their date of birth: How is the child related to you? Is this child living with you		Ma	ıle	M	M		Y		Y	Y									
Their first name(s): Are they: Their date of birth: How is the child related to you? Is this child living with you in the Republic of Ireland? If 'No', what country do		Ma	ıle	M			Y No	Y	Y	Y									
Their first name(s): Are they: Their date of birth: How is the child related to you? Is this child living with you in the Republic of Ireland? If 'No', what country do they live in? Date they came to live with		Ma D Yes	alle	M	M]	Y	Y	Y	Y	e, Po	esel	or		Nun	nbe	rete	<u> </u>	



Part 4 continued	Ι	Det	tai	ls (of	yo	ur	qı	ıal	ifi	ed	l cł	nil	d(1	en	1)			
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Their surname:																			
Their first name(s):																			
Are they:		Ma	ıle]	Fem	ale											
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	5				Vo												
If 'No', what country do they live in?																			
Date they came to live with you:																			
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	Chi	ld 4																	
Their surname:																			
Their first name(s):																			
Are they:		Ma	ıle]	Fem	ale											
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	5				No												
If 'No', what country do they live in?																			
Date they came to live with																			
you:	D	D		M	M	ı	Y	Y	Y	Y									
Their social insurance numb	er?	For	exa	amp	le, l	Vat	iona	l In	sura	ance	e, P	esel	or	1 DI	Nun	nbe	r et	c	



Part 4 continued	I)et	tai	ls (of	yo	ur	qu	ıal	ifi	ed	cł	ile	d(1	en	1)				
25.How many children now live with you?			un	der	age	16				ove	er a	ge 1	6							
26.If any children are not livin whom the child(ren) live:	g w	ith	yοι	ı, p	leas	e s	tate	na	me	of t	the	par	ent	or	gua	rdi	an v	with	1	
Their surname:																				
Their first name(s):																				
Their address:																				
Their relationship to the child(ren):																				
Their social insurance number	er?	For	exa	mp	le, ۱	Nati	iona	l In	sura	ance	e, Po	esel	or	ID N	Nun	nbe	rete	C		
27.Are any of the children nov	v liv	ing	wi	th y	ou.	?														
Adopted:		Yes	5				Vo													
Fostered:		Yes	5			_ l	Νo													
Not your own:		Yes	5				Νo													
If 'Yes', please state social	wor	ker	's:																	
Surname:																				
First name(s):																				
Address:																				
Telephone number:																				
	M () B	ΙL	E																
	LA	NI	D L	IN	E															
Email address:																				



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28.Do you have legal custody	of y	our Yes		ild(ren	_	No													
29.Do you support your child(ren					_	No													
For each child of school go their school or college to c		age	liv			the	Rep						ple	ase	att	ach	a I	ette	r fr	om
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. Your spouse's, civil partner's or cohabitant's details																				
Part 5	Υ	ou	ır s	po	us	e's	, ci	vil	pa	artı	1 er	's (or (coh	nab	ita	nť	s d	eta	ails
30. Their PPS No.:																				
31.Title: (insert an 'X' or specify)	Mr.			Mrs	5.		Ms	. [_	(Othe	er							
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		Υ	Y	Y	Y										
37. Their address:																				
Answer this question only if you do not live together.																				
38.Their nationality:							<u> </u>													
39.Are they getting Child Ben	efit	?																		
If 'Yes', please state:		Yes	5				No													
Reference number:																				
Last date of payment:																				
	D	D		M	M		Y	Y	Y	Y	Ι									
Country that pays them:					_		[
40.Are they getting any other	SOC	ı aı Yes		tare	e be	_	r it o No	r p	ens	ion	•									
If 'Yes', please state: Country that pays them:																				
Name of benefit or pension:																				
Reference number:																				

Part 5 continued Your spouse's, civil partner's or cohabitant's details 41.Are they employed or self-employed? 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

Part 6

Events that may affect your Child Benefit

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

M M

You change address

they pay social insurance:

Name of their employer:

Date they started their current employment:

- · 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

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- 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	:t
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.



HRC satisfied		HRC no	t satisfied		HRC1 issued	d				
I award payment of	of Child	Benefit t	o the child	dren nar	med in Part 4					
I disallow paymen	nt of Chi	ld Benefi	t to the c	hildren ı	named in Par	t 4.				
With effect from:		2 0								
	M M	YY	YY							
					Date:			2	0	
						D D	M M	Y	Υ)	/ Y
Deciding officers sign	ature (no	t block lette	ers)							

Department use only

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. 55K 04-11

Edition: April 2011