



Application form for Child Benefit for a child aged 16 or 17

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.
- You should complete a separate application form for each child.
- If this is your first time claiming Child Benefit, please also complete form CB1 which you can get online at www.welfare.ie, from your local Social Welfare Office and from post offices.
- 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.

Please fill in **Parts 1, 2 and 3** as they apply to you. When form is completed, read **Part 6** and sign declaration in **Part 1**.

Please have **Part 4** filled in by the school or college.

Please have **Part 5** filled in by your Doctor if it applies.

If you need any help to complete this form, please contact your local Social Welfare Office or Citizens Information Centre.

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

Part 4

To be completed by school or college only

I certify that the child named in Part 2 is in full-time education at the school or college named below.

(Both dates must be given)

From:

Expected to continue until:

M M Y Y Y Y

Two year certificates are acceptable.

This child is in year of a year course.

Date:
D D M M Y Y Y Y

Signature by or on behalf of the principal (not block letters)

Telephone number:

LANDLINE

Please state:

Name of school or college:

Address:

School or college official stamp



Part 5

To be completed by a registered medical doctor

This part must be completed if your child is physically or mentally disabled and is not in full time education.

I certify that the child named in Part 2 has:

and will not be able to support themselves until (insert an 'X' or specify)

they reach 18

or

give date if earlier than age 18:

M M
Y Y Y Y

Signature of registered medical doctor (not block letters)

Doctor's official stamp

Date:

D D
M M
2 0 Y Y Y Y

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

Please remember to sign the declaration in Part 1.

For official use only

Payment of CB is:

Allowed

Not Allowed because:

From: **To:**

Arrears From: **To:**

DECIDING OFFICER'S SIGNATURE:

DATE:

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)

Telephone: + 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.

