



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

How to complete this application form.

- Please use this page 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.		Mrs.	X	Ms.		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:	O	N	E			N	U	M	B	E	R		P	E	R		B	O	X	
	MOBILE																			
	O	N	E			N	U	M	B	E	R		P	E	R		B	O	X	
	LANDLINE																			
11. Your email address:	O	N	E			C	H	A	R	A	C	T	E	R		P	E	R		
	B	O	X																	

SAMPLE



Child Benefit for a child aged 16 or 17

Part 1

Your own details

- 1. Your PPS No.:**
- 2. Title:** (insert an 'X' or specify)
- 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:**

Mr.		Mrs.		Ms.		Other									
D	D	M	M	Y	Y	Y	Y								

Contact Details

- 9. Your address:**
- 10. Your telephone number:**
- 11. Your email address:**

[illegible]

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.

--

Date:

P	P

M	M

2	0		
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
- ☐ 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 have changed address lately, please state:

Previous address:

14.Please state your spouse’s, civil partner’s or cohabitant’s PPS No.:

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

Part 2

Details of your child

15.Please state child’s:

Surname:

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

First name(s):

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

16.Their date of birth:

D	D	M	M	Y	Y	Y	Y		

17.How are they related to you?

For example, are they your son, daughter, niece, nephew, adopted or foster child:

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

18.Please state name of:

Course:

School or college:



Part 3

Your 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. Please complete one option below.

Post Office

Post Office address:

Financial Institution

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

Name of financial institution:

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

Sort code:

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

Account number:

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

Bank Identifier Code (BIC):

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

International Bank Account Number (IBAN):

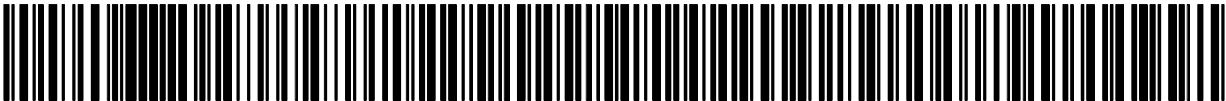
Name(s) of account holder(s):

Name 1:

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

Name 2 (if any):

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



Part 4

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:

2

0

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



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:

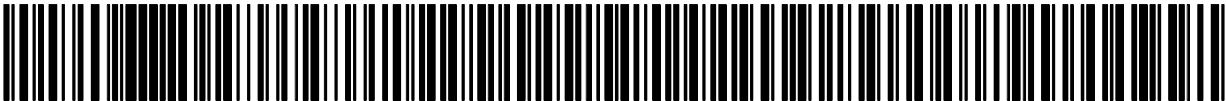
D D

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

From: **To:**

Arrears From: **To:**

DECIDING OFFICER'S SIGNATURE:

.....

() Not Allowed because:

.....

.....

DATE:

.....

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 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.

