



Application form for

Child Benefit for a child aged 16, 17 or 18

What is Child Benefit?

Child Benefit is a monthly payment to support parents and guardians. It is paid for each child aged 16, 17 or 18 who normally lives with you, is being fully supported by you, and is in full-time education, full-time training or has a disability and cannot support themselves.

Child Benefit is not paid on behalf of children aged 19 or older, even if they stay in education or training.

How do I qualify?

To qualify for Child Benefit, you must meet the habitual residence condition. This applies to all applicants regardless of nationality.

Child Benefit is normally paid to the child's mother or stepmother. If the child does not live with their mother or stepmother but lives with their father or stepfather, Child Benefit can be paid to them.

If the child is not living with or being maintained by their parents, the person caring for the child may get Child Benefit.

In certain cases, we 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 doing so.

How do I complete this application form?

There are examples on the back of this page that can be used as a guide to fill in this form. Please:

- Write with a **black** ballpoint pen, use **capital letters** and place an **X** in the relevant boxes;
- Complete **Parts 1, 2, and 3** as they apply to you.
- Have **Part 3** filled in by the school or college;
- Have **Part 4** filled in by your doctor if it applies;
- Sign the declaration in **Part 6**; and
- When the form is completed, study **Part 7**.

Please complete a separate application form for each child aged 16, 17 or 18. If this is your first time claiming Child Benefit please also complete the **CB1** application form, which you can get from your local Intreo Centre, Social Welfare Office, Post Office, and online at www.gov.ie/CB.

Where do I send this form?

Please send this completed form to:

Child Benefit Section

Department of Social Protection

St. Oliver Plunkett Road

Letterkenny

Co. Donegal

F92 T449

How can I get help and further information?

If you need any help to complete this form, please contact the Child Benefit section by email at child.benefit@welfare.ie or by calling **0818 300 600** or **074 916 4496**.

Your local Intreo Centre, Social Welfare Office or any Citizens Information Centre can also help. You can find the name and address of your local Intreo Centre or Social Welfare Office by visiting www.gov.ie/intreocentres.

For more information on Child Benefit, visit www.gov.ie/CB.

How to fill in this form

To help us process this form please write letters and numbers clearly and use one box for each. See examples below.

Part 1

Your details

1. PPS Number:

1	2	3	4	5	6	7	T	
---	---	---	---	---	---	---	---	--

2. Title, insert an **X** or specify:

<input type="checkbox"/>	Mr	<input checked="" type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	Other							
--------------------------	----	-------------------------------------	-----	--------------------------	----	-------	--	--	--	--	--	--	--

3. Surname:

M	U	R	P	H	Y												
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

4. First names:

M	A	U	R	E	E	N											
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

5. First names as they appear on your birth certificate:

M	A	R	Y														
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Birth surname:

M	C	D	E	R	M	O	T	T									
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

7. Mother's birth surname:

M	C	B	R	I	D	E											
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

8. Date of birth:

2	8		0	2		1	9	7	0
D	D		M	M		Y	Y	Y	Y

9. Address:

1		N	E	W		S	T	R	E	E	T						
O	L	D		T	O	W	N										
D	O	N	E	G	A	L		T	O	W	N						

County

D	O	N	E	G	A	L		
---	---	---	---	---	---	---	--	--

Eircode

C	1	5	A	9	6	V
---	---	---	---	---	---	---

10. Telephone number:

0	8	8	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---	---	---

11. Email address:

M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

SAMPLE



Application form for

Child Benefit for a child aged 16, 17 or 18

Part 1

Your details

1. PPS Number:

2. Title, insert an **X** or specify:

 Mr Mrs Ms Other

3. Surname:

4. First names:

5. First names as they appear on your birth certificate:

6. Birth surname:

7. Mother's birth surname:

8. Date of birth:

D D M M Y Y Y Y

9. Address:

County

Eircode

10. Telephone number:

11. Email address:

12. Are you?

 Single Separated In a Civil Partnership
 Married Divorced A surviving Civil Partner
 Widowed Cohabiting A former Civil Partner, meaning you were in a Civil Partnership that has since been dissolved.

13. If you have changed address lately, please state previous address:

County

Eircode

14. Please state your spouse, civil partner or cohabitant's PPS Number:

This part must be completed if your child is physically or intellectually 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:

they reach 19

or

give date if earlier than age 19:

M	M

Y	Y	Y	Y

Signature of registered medical doctor, **not** capital letters.

Date:

D	D

M	M

2	0		
Y	Y	Y	Y

Doctor's official stamp

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:

D D

M M

2 0 Y Y Y Y

Signature, **not** capital letters.

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

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

- You change address
- You change post office
- You change bank, building society, An Post Childcare account or account name
- A child aged 16 to 18 finishes education
- A child aged 16 to 18 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 Ireland

For official use only

Payment of Child Benefit is:

Allowed:

Not Allowed:

If **not allowed**, please state reasons why:

From:

D D

M M

Y Y Y Y

To:

D D

M M

Y Y Y Y

Arrears
From:

D D

M M

Y Y Y Y

To:

D D

M M

Y Y Y Y

Date:

D D

M M

Y Y Y Y

Signature of deciding officer, **not** capital letters.

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 and 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 in hard copy.

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