



# Child Benefit for a child aged 16, 17 or 18

How to complete application form for Child Benefit for a child aged 16, 17 or 18.

- 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. If a question does not apply to you, please leave the answer area blank.
- 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](http://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](http://www.welfare.ie).

## How to fill in first page of this form

To help us in processing your claim:

- 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	1	7	0	4	3	0	0	0										
	LANDLINE																		
	0	8	6	1	2	3	4	5	6	7									
	MOBILE																		
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E	

# SAMPLE









# 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 19

or

give date if earlier than in Part 4:

M M

Y Y Y Y

Signature of registered medical doctor (not block letters)

Date:

D D

M M

2 0 Y Y Y Y

Doctor's official stamp



**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, 17 or 18 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 remarry
- You or your spouse or partner 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. If you have any difficulty in filling in this form, please contact your local Social Welfare Office or Citizens Information Centre.**

### 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  
St. Oliver Plunkett Road  
Letterkenny  
Co. Donegal

### Data Protection and Freedom of Information

**We, the Department of Social and Family Affairs, 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.**

