



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

You need a Personal Public Service Number (PPS No.) for yourself and your child(ren) before you apply.

How to complete this application form.

- Please use this page as a guide to filling in this form.
- Please answer **all questions**. Incomplete forms will be returned and this may delay your application.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- 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 Citizens Information Centre, your local Intreo Centre, your local Social Welfare Office or the Child Benefit Section.

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.

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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												
	D	O	N	E	G	A	L	T	O	W	N								
County	D	O	N	E	G	A	L		Postcode										
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) 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:**
- County Postcode
10. **Your telephone number:**
- MOBILE
- LANDLINE
11. **Your email address:**

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.

Signature (not block letters)

Date:

D D M M Y Y Y Y

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

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 2 0 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 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 (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

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.

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

Data Protection Statement

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

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