



# Change of events that may affect your Child Benefit claim

- 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.
- For more information, log on to **www.welfare.ie**.

## Part 1

## Your own details

1. Your PPS No.:	<input type="text"/>
2. Title: (insert an 'X' or specify)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="text"/>
3. Surname:	<input type="text"/>
4. First name(s):	<input type="text"/>
5. Birth surname:	<input type="text"/>
6. Your date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

D D      M M      Y Y Y Y

## Contact Details

7. Your address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
8. Your telephone number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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9. Your email address:	<input type="text"/>
	<input type="text"/>

MOBILE  
LANDLINE

## 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:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		D D	M M	2 0	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 1 continued

## Your own details

10. 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)

## Part 2

## Changes in your details

11. If you have changed address lately, please state:

Previous address:


12. Have you left the State?

- Yes  No

If 'Yes', please state:

Date you left the State:

D	D	M	M	Y	Y	Y	Y		

13. Have you left the family home?

- Yes  No

If 'Yes', please state:

Date you left the family home:

D	D	M	M	Y	Y	Y	Y		

14. Have you (re)married or (re)entered into a civil partnership or civil union?

- Yes  No

If 'Yes', please forward an original of your marriage certificate, civil partnership or civil union registration certificate (only if this occurred outside the Republic of Ireland).

15. Have you or your spouse, civil partner or cohabitant started work in another country?

- Yes  No

If 'Yes', please state:

Date work started:

D	D	M	M	Y	Y	Y	Y		

Country of work:

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16. Has the person who claimed Child Benefit died?

- Yes  No

If 'Yes', the person who now wishes to claim Child Benefit must complete a CB1\* form and return it with the customer's death certificate (if they died outside the Republic of Ireland). We do not need the children's birth certificates.

\*CB1 and CB2 forms are available from our website at [www.welfare.ie](http://www.welfare.ie), your local Social Welfare Office or post offices.



**Part 3**

**New 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. If you wish to change your existing details, please complete one option below.**

**Post Office**

New Post Office address:


**Financial Institution**

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

Name of new financial institution:

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Sort code:

--	--	--	--	--

Account number:

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Bank Identifier Code (BIC):

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International Bank Account Number (IBAN):


Name(s) of account holder(s):

Name 1:

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

Name 2 (if any):

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**Part 4 Changes in your child's details**

**17. Have you a child aged 16 or 17 that has changed or left school?**

Yes  No

If 'Yes', please state:

Child's surname:

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Child's first name(s):

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

Date child changed or left school:

D	D	M	M	Y	Y	Y	Y			

Name of school, if child changed school:

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**Please attach CB2\* from new school.**



**18. Has a child you are getting Child Benefit for died?**

Yes  No

If 'Yes', please state:

Child's surname:

Child's first name(s):

Date of birth:

D D M M Y Y Y Y

Date of death:

D D M M Y Y Y Y

**19. Has your child left home?**  Yes  No

If 'Yes', please state:

Child's surname:

Child's first name(s):

Date child left your home:

D D M M Y Y Y Y

Address where child is living now:

Send this completed application form to:

**Child Benefit Section**  
 Social Welfare Services  
 Department of Employment Affairs and 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.**

**Data Protection Statement**

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/ Agencies where provided for by law. Data protection policy available at [www.welfare.ie/dataprotection](http://www.welfare.ie/dataprotection) or hard copy.

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

