

19. 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

20. 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 Social Protection
 St. Oliver Plunkett Road
 Letterkenny
 Co. Donegal

LoCall: 1890 400 400 (from the Republic of Ireland only)
 + 353 74 9164496 (from Northern Ireland or overseas)

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 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.

