



**i** Please read the Notes that came with this form before you fill it in. It will give you more information about Child Benefit and help you to fill in this claim form. Please make sure you

- answer all the questions on this form that apply to you, and your partner if you have one
- give us details of an account into which we can pay your Child Benefit
- send us all the documents we ask for.

If you do not, it may take longer to pay you Child Benefit, or we may not be able to pay you at all.

**PART 1 PERSONAL DETAILS**

National Insurance number.  
See Notes, page 9

If you **do not know** your National Insurance number, have you ever had one or used one at any time? No   
Yes

Title, enter MRS, MISS, MS, MR or other title

Surname or family name

First name(s)

All other surnames or family names you have been known by. Please include maiden name, all former married names and all changes of family name.

Date of birth

Address (including postcode)

If you, or your partner if you have one, are a Crown Servant working abroad, enter one of the following

- your full BFPO address or
- an address care of a serviceman's unit or
- for civil servants, your employing department's address.

**Postcode**

For office use 1

Have you ever claimed Child Benefit before? If you are still getting Child Benefit, tick Yes.

No

Yes  Please tell us the Child Benefit number we gave you

You can find this on letters we have sent you. If you cannot find the number do not delay sending this form back to us.

Are you getting any Child Benefit now?

No

Yes  Please tell us the full name of the eldest child you are getting Child Benefit for

What is the child's date of birth?

Daytime phone number

Area Code	Number
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What is this number?

Home     
  Work     
  Mobile     
  Fax

Please tell us your last two addresses

Postcode

Postcode

Please tell us your marital status

Single       Living with a partner  
 Married       Separated  
 Widowed       Divorced

Are you a United Kingdom national?  
See Notes, page 9

No  If no, please tell us your nationality

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Yes

Are you subject to immigration control?  
See Notes, page 10

No   
Yes

Do you usually live in the United Kingdom?  
You usually live in the UK, if

- you live in the UK or
- you have recently come to the UK but intend to live here continuously or
- you are a Crown Servant working abroad.

See Notes, page 10

No  If no, please tell us the name of the country you usually live in

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Yes  If you came to live in the UK within the last 12 months, please tell us when you arrived

D	D	M	M	Y	Y
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Are you, or your partner if you have one, a Crown Servant working abroad?

No   
Yes

Are you, or your partner if you have one,

- currently, or
- in the last 3 months, been employed in or in receipt of benefits from any country in the European Economic Area (not including the UK), or Switzerland?

The countries in the European Economic Area (EEA) are listed on page 10 of the Notes.

No   
Yes

For office use 2

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**PART 2 PARTNER'S DETAILS**

**i** We use partner to mean a person you are married to or a person you are living with as if you are married to them. **If you have a partner, read the Notes on pages 18 to 21 to help you decide who should claim Child Benefit.** They tell you about protecting your Basic State Pension if you give up work to care for a child for whom you are receiving Child Benefit.

Do you have a partner?	No <input type="checkbox"/> Go to Part 3
	Yes <input type="checkbox"/> Please answer the questions below
Is your partner a United Kingdom national? See Notes, page 9	No <input type="checkbox"/> If no, please tell us your partner's nationality
	<input type="text"/>
	Yes <input type="checkbox"/>
Is your partner • already getting, or • waiting to hear if they can get Child Benefit for any children?	No <input type="checkbox"/> Go to Part 3
	Yes <input type="checkbox"/> Give details below
Your partner's name (in full)	<input type="text"/>
Your partner's National Insurance 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"/>
Your partner's Child Benefit number	<b>C</b> <b>H</b> <b>B</b> <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"/>
Full name of the <b>eldest child</b> your partner gets Child Benefit for (or is waiting to hear about Child Benefit for) See Notes, page 4	<input type="text"/>
What is this child's date of birth?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**PART 3 CHILDREN YOU WANT TO CLAIM FOR**

**i** Please tell us about the children you want to claim for now. Do not tell us about any children you are already getting Child Benefit for. **Please enter the name exactly as shown on the child's birth or adoption certificate.** If you want to claim for more than 4 children, use the space in Part 6 to tell us about them.

<b>1st CHILD</b>	
Surname	<input type="text"/>
Other name(s)	<input type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

For office use 3

<b>2nd CHILD</b>	
Surname	<input type="text"/>
Other name(s)	<input type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

For office use 4

**PART 3 CHILDREN YOU WANT TO CLAIM FOR continued**

**i** Please tell us about the children you want to claim for now. Do not tell us about any children you are already getting Child Benefit for. **Please enter the name exactly as shown on the child's birth or adoption certificate.** If you want to claim for more than 4 children, use the space in Part 6 to tell us about them.

**3rd CHILD**

Surname

Other name(s)

Sex Male  Female

Date of birth

For office use 5

**4th CHILD**

Surname

Other name(s)

Sex Male  Female

Date of birth

For office use 6

We need to see the

- **actual birth certificate, or**
- **adoption certificate**

for each child in this claim.

**Do not send photocopies.**

If you have, or someone else has, received Child Benefit for the child in the past, do not send us the birth certificate.

Please tell us how many certificates you are sending with this form. If you cannot send any certificates with the form please tell us why in Part 6

How many birth certificates

How many adoption certificates

**Has anyone else ever claimed Child Benefit for any of the children you want to claim for? See Notes, page 11**

No

Yes  If yes, please tell us about the person who made the claim:

The full name of the person who claimed (if you know it)

The address the claim was made from (if you know it)

**Postcode**

The Child Benefit number (if you know it)

**For Child Benefit Office use only - not for completion by DWP office or IREC - birth certificates extraction**

	Signature 1	Name in capitals	Signature 2	Name in capitals	Date
Child 1					
Child 2					
Child 3					
Child 4					

Have any of the children you want to claim for used a different name

- from the one they have now, or
- from the one shown on their birth or adoption certificate?

No

Yes  If yes, please tell us the child's current name and previous name

Child's name
Previous name

Child's name
Previous name

Child's name
Previous name

Child's name
Previous name

Are any of the children you want to claim for living with someone else?

See Notes, page 12

No

Yes  If yes, please tell us the names of the children


For office use 7

Have any of the children you want to claim for lived with someone else in the last 3 months?

No

Yes  If yes, please tell us their names and the date they came to live with you

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D	D	M	M	Y	Y
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D	D	M	M	Y	Y
---	---	---	---	---	---

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D	D	M	M	Y	Y
---	---	---	---	---	---

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D	D	M	M	Y	Y
---	---	---	---	---	---

For office use 8

Are you including any children on this claim that are not your own?

See Notes, page 12

No  **Go to Part 5, page 7**

Yes  **Go to Part 4, page 6**

**Please note**, stepchildren and children you have legally adopted count as your own

For office use 9

Are you planning to adopt any of the children?

No

Yes  If yes, please tell us the names of the children you plan to adopt and then go to Part 5, page 7


If any of the children you want to claim for

- are not your own, and
- you are not planning to adopt them

**please tell us**

- the child's name,
- any previous surname (if you know it)
- the mother's name (if you know it)
- the father's name (if you know it)

**This will help us process your claim more quickly,**

Child's name
Previous surnames
Mother's name
Father's name

Child's name
Previous surnames
Mother's name
Father's name

Child's name
Previous surnames
Mother's name
Father's name

Child's name
Previous surnames
Mother's name
Father's name

**i** We pay your Child Benefit directly into a bank, building society or Post Office® card account. This method has many advantages, for example, you can use an account held by you or your partner or somebody who is acting on your behalf. We cannot pay Child Benefit into an account held in a child's name or an account that is in your name and a child's name.

- You can use an existing account or open a new one.
- If you are unable to open an account, please contact us.

Please read the Notes on pages 13 to 16 before completing the rest of this form.

Are you already getting Child Benefit?

No

Yes  If yes, please tick the statement that applies to you

I am paid direct into an account  **Go to Part 6**

I want my Child Benefit paid direct into an account  **Go to page 8 to give account details**

I am unable to open an account  We will contact you about this. **Go to Part 6**

Are you

- claiming Child Benefit for the first time, or
- claiming again after Child Benefit has stopped?

No

Yes  If yes, please tick the statement that applies to you

I want my Child Benefit paid direct into an account  **Go to page 8 to give account details**

I want more information about opening an account  We will contact you about this. **Go to Part 6**

I have applied (or, I am going to apply) for an account, but do not yet have account details  We will contact you about this. **Go to Part 6**

I am unable to open an account  We will contact you about this. **Go to Part 6**

**Account name**

Your Child Benefit can be paid into a

- bank or building society account,
- Girobank account,
- National Savings account, or
- Post Office® card account.

We need to know whether the account is in your name.

The account is

- in your name
- in your partner's name
- in the name of both yourself and your partner
- in the names of someone acting on your behalf
- in the names of both yourself and someone acting on your behalf

**What name or names is the account in?**

**Please note**, if the account includes the name of someone acting on your behalf, you are confirming that they will use the money in the way you tell them to.

ACC

For office use 10

 

**i** Please tick the box against the type of account you want your Child Benefit paid into. Then fill in the account details. You will find your account details on your cheque book, pass book, or statements

For office use 11

**BANK account or Post Office® card account**

Name of bank (for Post Office® card accounts write 'Post Office')

Branch name

Address

  
  


Postcode

Sort code

 

Account number



**ALLIANCE & LEICESTER current account - not a deposit account.**

Account number

**BUILDING SOCIETY savings account or cheque account - not a mortgage account or business account.**

Name of building society

Sort code

 

Building society roll or account number

Type of account

For office use 12

 

**NATIONAL SAVINGS BANK investment account - not an Ordinary Account.**

Account number

For office use - For completion of supp. claims only  
Corres End of case

Yes 1  
No 2



I **declare** that the information I have given on this form is correct and complete.

I **declare** that I have read and understood that by claiming Child Benefit I may also get Home Responsibilities Protection, as explained on pages 18 to 21 of the Notes.

I **declare** that I have read and understood the conditions applying to payment by direct payment which are on pages 13 to 16 of the Notes.

I **understand** that if I give information which I know is incorrect or incomplete, action may be taken against me.

**This is my claim for Child Benefit.**

**Signature**

Date

D	D	M	M	Y	Y
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- 1 **Check** that you have answered all the questions that apply to you
- 2 **Check** that you have signed the form at Part 7
- 3 **Enclose** the children's actual birth certificates or adoption certificates **with this form**.   
**Do not send photocopies.**
- 4 **Send everything to the Child Benefit Office** at the following address. You do not need a stamp.  
Child Benefit Office (Washington)  
Freepost NEA 10463  
PO Box 133  
Washington  
NE38 7BR

**Payment of any Child Benefit may be delayed if**

- you do not answer **all the questions** that apply to you, and your partner if you have one.
- you do not send us **all the documents** we ask for.

If you need help or more information please contact us as soon as possible. See Notes, page 6

**What will happen next**

We will return the birth or adoption certificate(s) to you within 4 weeks. If you have not received it back by then, you should contact us to make sure we have your claim. See Notes, page 6 for how to contact us.

Make sure that you keep the Notes in a safe place for future reference.

When we have dealt with your claim, we will write to tell you if you can get Child Benefit, and if so how much will be paid.

**Remember**

Child Benefit can only be backdated for up to **3 months** from the date we receive your claim.

**If you delay in sending us your claim you may lose money.**



**For office use only**

Date claim received

Claims section

	Corres	Child traced	CLI	End of case
YES 1				
NO 2				

**Details of traced children**

CHB number

Child(ren)

CHB number

Child(ren)

Birth certificate/Adoption certificates/  
Other documents returned by

hand

post

recorded delivery

registered mail

Date

Initials

Test check

Band D name stamp

Date

CBOL

CBIX

DCI

CAPS

Record of phone call on

**Identity check**

	Yes	No
Customer's full name and address	<input type="checkbox"/>	<input type="checkbox"/>
Customer's date of birth	<input type="checkbox"/>	<input type="checkbox"/>
Any children's full name and date of birth	<input type="checkbox"/>	<input type="checkbox"/>
Partner's name	<input type="checkbox"/>	<input type="checkbox"/>

**Details of conversation**

Name