



Daytime phone number

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

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

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 have either of you been in the last 3 months)

- employed in or
- receiving benefit from any country in the European Economic Area (see notes page 10) or Switzerland?

No   
Yes

For office use 2

**PART 2 PARTNER'S DETAILS**

If you have a partner, read the notes on pages 11 and 17 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 you get Child Benefit for.

Do you have a partner?	No <input type="checkbox"/> <b>Go to Part 3</b>
	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"/> <b>Go to Part 3</b>
	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"/>
Your partner's Child Benefit number	C H 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 eldest child 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**

Please tell us about the children you want to claim for now. Do not tell us about any children you already get 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

Please tell us about the children you want to claim for now. Do not tell us about any children you already get 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 original  
 • 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 12

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 HMRC Enquiry Centre – 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

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

No  Go to Part 5, page 7

Yes  Go to Part 4, page 6

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 deal with 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

We pay your Child Benefit directly into a bank, building society or Post Office® card account. 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 account or Post Office® card account,
- Alliance and Leicester account,
- building society account, or
- National Savings account,

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.

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

For office use 10

 

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

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

For office use 11

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 17 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
---	---	---	---	---	---

- 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 original 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, pages 6 and 7.

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, pages 6 and 7. 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

Officer's 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