

Additional children fill in and attach to the Child Benefit claim form

Child details

- 1 Child's last name or family name**
As shown on the birth or adoption certificate.

- 2 Child's first name and any middle name(s)**
As shown on the birth or adoption certificate.

| |
|----------------|
| First name |
| Middle name(s) |

- 3 Is this child male or female?**

Male Female

- 4 Child's date of birth**
DD MM YYYY

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

- 5 Has this child ever been known by any other name?**

No
Yes If Yes, tell us the other name below

- 6 Has the name been changed by deed poll?**

No Yes

- 7 Is this child your own child?**
Read page 4 of the CH2 Notes.

No Yes

- 8 Has anyone else ever claimed Child Benefit for this child?**
Read page 4 of the CH2 notes.

No If No, go to question 9
Yes If Yes, tell us their name and address

| |
|----------|
| Name |
| Address |
| |
| |
| Postcode |

Go to question 9

Child details continued

- 9 Does this child live with you in the UK?**
Read page 4 of the CH2 Notes.

No
Yes If Yes, go to question 11

- 10 What is the name and address of the person this child lives with?**

| |
|----------|
| Name |
| Address |
| |
| |
| Postcode |

- 11 Has this child lived with anyone else in the last 12 months?** Read page 4 of the CH2 Notes.

No If No, go to question 14
Yes

- 12 What is the name and address of the person this child lived with?**

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|----------|
| Name |
| Address |
| |
| |
| Postcode |

- 13 What date did the child come to live with you?**
DD MM YYYY


| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

- 14 Are you adopting or planning to adopt this child through a local authority?**

No Yes

- 15 Do you want to claim for any more children now?**

No If No, tear off this sheet then go to question 68 of your claim form
Yes If Yes, answer questions 1 to 15 on a separate sheet of paper or download another 'Additional children' form

 Go to www.gov.uk/government/publications/child-benefit-claim-form-ch2 and select 'Child Benefit claim form: additional children (CH2(CS))'.

Remember to send this sheet with your claim form.

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