Additional children fill in and attach to your completed Child Benefit claim form **Child details** Child details continued 1 Child's full name including last or family name Have you or anyone else ever claimed Child Benefit for this child? Read page 4 of the CH2 Notes. As shown on their birth or adoption certificate. Child's last name No If No, go to question 10 If Yes, go to question 9 Child's first name What is the name and address of the person who claimed Child Benefit for this child? Child's middle name(s) Name Address 2 Is this child male or female? Postcode Female Male Does this child live with you in the UK? Read page 4 of the CH2 Notes. 3 Child's date of birth If No, tell us the name and address of the No person the child lives with Has this child's birth been registered in England, Wales Name or Scotland? Address No If No, send the documents as shown on page 4 of the CH2 Child Benefit claim form -Postcode 'Documents we need' If Yes, and they were born in England or Yes If Yes, go to question 11 Wales, do not send any documents, tell us the 9 digit system number from the bottom left 11 Has this child lived with anyone else at a different hand corner of their birth certificate address to you in the last 12 months? read page 4 of the CH2 Notes Read page 4 of the CH2 Notes. No If No, go to question 13 If Yes, and they were born in Scotland, do If Yes, tell us their name, address and Yes not send any documents, tell us the district telephone number number, year and entry number from their birth certificate - read page 4 of the CH2 Notes Name Address 5 Has this child ever been known by any other name?

use

office

Has the name been changed by deed poll?

If Yes, tell us the other name

Yes

No Yes

7 Is this child your:

Child's other name

No

Read page 4 of the CH2 Notes.

Birth child Adopted child

None of these

For official use only

Stepchild

What date did the child come to live with you?

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

No Yes

Telephone number

Remember to send this sheet with your completed claim form

Postcode