

Family Benefits Office (*Familienkasse*)

Surname, given name of party eligible for child benefits

Reference No. / order No. / child benefits No.

(Please indicate in all letters to the Family Benefits Office)

Application for Child Benefits (*Kindergeld*)

Initial application following birth

- Please note the attached information and see the [Info Sheet on Child Benefits \(*Kindergeld*\)](#) -

1. Information on applicant and child's other biological parent

Surname, given name (where applicable, maiden or original name / name from previous marriage) Date of birth

Address

Daytime telephone number for inquiries Identification number Nationality Since (date)

Marital status: Single Married Divorced Widowed

Permanently separated Member of a registered life partnership

Surname, given name of other parent (where applicable, maiden or original name / name from previous marriage) Date of birth

Address of other parent (if other than above) Nationality

Other parent's identification number

2. Information on payments

Account number / IBAN Bank, savings institution (*Sparkasse*) (where applicable, also list branch), Postbank (postal service bank)

Routing number / BIC Accountholder name

3. Information on children - attach required documents if applying for benefits for the first time (birth certificate, adoption order)

Surname (if other than surname listed under Question 1 above), given name	Date of birth	Parentage relationship	Identification No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Did you list any children under Question 3 above who are over 18 years old?

Yes (please fill out this question) No (skip to Question 5)

Child's given name Enrolled in schooling/vocational training (please attach proof) from until

Marital status

Does any child listed under Question 4 have children of his/her own? No Yes (which?)

5. Did you list any stepchildren, foster children, grandchildren, illegitimate children, or children of a dissolved marriage under Question 3, or are you and your spouse / the other parent permanently separated?

Yes (please fill out this question) No (skip to Question 6)

Child's given name Information on child's other biological parent / biological parents (use a separate page if necessary)

Name Date of birth

Address ID No.

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6. Do the children listed in Question 3 primarily live in your household?

No (please fill out this question) Yes (skip to Question 7)

Child's given name Reason

Name and address of the person with whom the child lives

7. Have you, or has any other person, applied to another family benefits office for child benefits (*Kindergeld*), or received such benefits from another family benefits office, for the children listed under Question 3?

Yes (please fill out this question) No (skip to Question 8) Child benefits/
Applicant Date Family benefits office, address order number

Identification number

8. At any time in the five years before submission of this application, have you received, or has any other person received, the following for the children listed in Question 3, or are you receiving, or is any other person receiving, the following for the children listed in Question 3?

Child supplement (*Kindergulage*) for a pension or annuity received under statutory accident insurance (*gesetzliche Unfallversicherung*) / child allowance (*Kinderschuss*) for a pension received under statutory pension insurance (*gesetzliche Rentenversicherung*)

A child-related monetary payment from any body outside of Germany or from any intergovernmental or international institution

No Surname and given name of recipient Identification number Date of birth

Child's given name from (date) until (date) Provided by

Benefit Monthly amount in €

9. At any time in the five years before submission of this application, have you been, or has any other person who is related by parentage to the children listed in Question 3 been, employed in public service, or are you, or is such other person, currently employed in public service?

Yes (please fill out this question) No (skip to Question 10) from (date) until (date)

Employee name

Employer, address Staff ID number

10. Do any of the following apply to you, or to any other person who is related by parentage to the children listed in Question 3, either currently or for any time in the five years before submission of this application?

(Employed outside of Germany as an employee / independent contractor / development worker No

(Employed in Germany for an official or government agency or institution operated by another nation or as a member of NATO armed forces No

(Employed in Germany for an employer based outside of Germany No
Employee name from (date) until (date)

Employer or company, address

Notice pursuant to the Federal Data Protection Act (*Bundesdatenschutzgesetz*):

The information herein is being collected, and will be processed and used, based on and for the purposes set forth in Sec. 31 and 62 through 78 of the Income Tax Act (*Einkommensteuergesetz*) and the regulations of the Tax Code (*Abgabenordnung*).

I affirm that all of the information I have provided herein is truthful. I am aware that I am required to report any and all changes that affect my eligibility for child benefits (*Kindergeld*) to the family benefits office without delay. I have received and taken note of the content of the information sheet on child benefits.

Date

I agree that child benefits may be paid to the applicant.

(Applicant's signature)

(Signature of spouse or other parent who lives in the same household as the applicant)

