

3. Particulars of Child's Reputed Father

Name
Christian Name(s) *Surname*

Date of Birth
(Day) *(Month)* *(Year)*

Date of Death
(Day) *(Month)* *(Year)*

National Insurance Number

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 Pension Number

4. (a) Was the child living with and supported by its mother? (Yes or No)

(b) If "No", which other person?
(Full Name)

(c) Is the reputed father alive?

(d) Can he be identified?

(e) Has a Maintenance Order ever been made against him?.....

(f) If "Yes", give his name and address.....
(Full Name)

Address

5. What is your relationship to the child?
.....

6. Is the child living with you? (Yes or No).....

If "Yes", from what date?.....
(Day) *(Month)* *(Year)*

7. Is the child wholly maintained by you? (Yes or No).....

If "Yes", from what date?.....
(Day) *(Month)* *(Year)*

8. Are you, or anyone else, claiming or receiving in respect of the child any benefit under the National Insurance Act, or allowances from a Local Authority, or any other payment out of public funds:

(Yes or No)

If "Yes", please give details.

.....
.....
.....

WARNING: Any person who, for the purpose of obtaining any benefit or other payment under the National Insurance Act, whether for himself or some other person, knowingly makes any false statement or false representation, or produces or furnishes, or causes or knowingly allows to be produced or furnished, any document or information which he knows to be false in a material particular, is liable on summary conviction to a fine or imprisonment.

PART III: DECLARATION – To be signed in the presence of a witness.

(In the case of a man and his wife together the Declaration must be signed and dated by the wife).

I declare that to the best of my knowledge and belief all the statements on this form are true. I further declare that the child named in Part II of the form is alive at this date. I accordingly claim special child's benefit.

.....
(Claimant's usual signature)

.....
Date

(You must sign this form personally unless you are incapable of doing so through bodily or mental infirmity, or unless you cannot read or write, in which case the witness to your signature should read over the form to you).

Witness to signature

(The claimant's signature must be witnessed by someone other than his or her husband or wife).

This Declaration was signed by the claimant/the claimant made her X mark in my presence.

Signature

Address

Date