

Family name and first name of the applicant
Child benefit number



k



Please note the instructions on the application for child benefit and the child benefit leaflet.

## plant child for the application for child benefit from

Ongoing No. ....

### 1 Information about the child

Child's tax identification number (if issued, must be completed)

family name	title
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First name	Birth Name
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birth date	Place of birth	Gender	Nationality
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Address, if different from the applicant (street/square, house number, postal code, place of residence, state)

Reason for the different address (e.g. accommodation at another place of residence at home or abroad, with grandparents, in a foster home/home, due to school or vocational training)

### 2 Childhood relationship (regardless of whether there is a shared household)

	biological child	Adopted child *)	foster child	stepchild	grandchild
to the applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to your spouse or registered life partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to another person (e.g. other parent; please provide details below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*) If necessary, attach the acceptance decision

#### Information about the other person (please enter here)

..... family name First name birth date

..... Last known address (street/square, house number, zip code, place of residence, state)

..... nationality If necessary, additional information (e.g. deceased, paternity not established, unknown)

**3 Information for an adult child or for a child who will soon turn 18 otherwise continue with point 4**

**Evidence of the information (points 3.1 - 3.3) for an adult child:**

are attached  are already available  will be given later

**3.1 The child**

from \_\_\_\_\_ until \_\_\_\_\_

completes the following school, university or vocational training.

Name of the training:

.....  
.....

*Please submit appropriate evidence (e.g. school certificate).*

completed the following other training measures (e.g. internship, au pair with language lessons, basic training for voluntary military service).

Name of the training:

.....  
.....

*Please submit appropriate evidence (e.g. internship certificate).*

could not/cannot start or continue vocational training due to a lack of a training place.

*Please submit the completed and signed form "Certificate for an adult child without a training or job" (KG 11a).*

completes one of the following voluntary services: •  
voluntary social year or voluntary ecological year • federal  
voluntary service •  
voluntary work within the framework of the European Solidarity Corps  
• other service abroad (§ 5 Federal Voluntary Service Act) •  
development policy voluntary service "weltwärts" •  
voluntary service of all generations •  
international youth voluntary service

*Please submit appropriate evidence (e.g. the certificate from the provider).*

was/is in a transition period of a maximum of four months (e.g. between two training periods).

was/is unemployed and registered as looking for work at an employment agency or job center.

*Please submit the completed and signed form "Certificate for an adult child without a training or job" (KG 11a).*

**3.2 Information on employment (only for entries under 3.1)**

**a) The child has already completed vocational training or a course of study or will soon complete it.**

Yes  no (go to 3.3)

Professional qualification/degree (with details of subject):

End of training:

Career goal, if this differs from the qualification mentioned above:

**b) The child was/is employed or will be employed.**

Yes  no (go to 3.3)

Task

from \_\_\_\_\_ until \_\_\_\_\_

one or more minor employment(s) within the meaning of Sections 8, 8a SGB IV (so-called mini-job)

other employment

Employer or employer (name, address):

Further employment (if more than two jobs, information on a separate sheet)

Employer or employer (name, address):

Total (agreed) regular weekly working hours:

Hours

**3.3 Information on the existence of a disability**

Does the child have a disability that occurred before the age of 25?

Yes

no

**4 Have you or a person named under point 2 already applied for child benefit for this child or received?**

yes, please provide information here

no

Family name, first name of the person applying or receiving child benefit

birth date

Period (from/from - to)

Family fund, address

Child benefit number

**5 Are you or were you or a person named under point 22 with whom the child has a parental relationship worked in the public service in the last 5 years before submitting the application?**

Yes

no

If yes: Is the employment carried out in a federal institution?

Yes

no

**6 Are you or a person named under point 2 entitled to a child-related cash benefit from an agency outside Germany or from an interstate or supranational institution in the last 5 years before submitting the application?**

yes, please provide information here

no

Family name, first name of the person making the reference

birth date

Performance

Monthly amount (Euro) Period (from/from - to)

performing agency, address

File number

**7 Are you or were you or a person named under point 2 to whom the child belongs? Childhood relationship is in the last 5 years before the application is submitted**

a) working outside Germany as an employee, self-employed person or development worker?

Yes

no

b) working in Germany at an office or institution of another country or as a member of the NATO armed forces?

Yes

no

c) employed in Germany at the behest of an employer based outside Germany (e.g. posted person)?

Yes

no

If yes, please provide information here:

Family name, first name of the employee

Period (from/from - to)

Name/designation of the employer/employer (if applicable, personnel number) or of the company, office or institution

Address of the employer/owner, company, office or institution

Place/country of employment

**I ensure that all information is complete and true. I am aware that I must immediately inform the family fund of any changes that are relevant to my entitlement to child benefit. I have taken note of the contents of the child benefit leaflet (can be found at [www.bzst.de](http://www.bzst.de) or [www.familienkasse.de](http://www.familienkasse.de)).**

**Note on data protection:**

Your data will be processed in accordance with Sections 31, 62 to 78 of the Income Tax Act and the provisions of the Tax Code or on the basis of the Federal Child Benefit Act and the Social Security Code. The purpose of processing the data is to check your entitlement to child benefit. Further information about the processing of your data by the family fund and your rights under Articles 13 to 22 of the General Data Protection Regulation can be found online on the website of your family fund (can be found at [www.arbeitsagentur.de/datenschutz-familienkasse](http://www.arbeitsagentur.de/datenschutz-familienkasse)), which also contains the contact details of the data protection officer. Child benefit files are generally kept for 6 years after the end of child benefit payments.

Date

Signature of the applicant or legal representative