



**CERTIFICATE CONCERNING THE COMPOSITION OF THE FAMILY FOR THE PURPOSE OF GRANTING FAMILY BENEFITS**

Reg. 1408/71: Art. 73; Art. 74; Art. 77; Art. 78  
Reg. 574/72: Art. 86.2; Art. 88; Art. 90; Art. 91; Art. 92

**A. Request for certificate**

<b>1.</b>	<input type="checkbox"/> Employed person <input type="checkbox"/> Self-employed person	<input type="checkbox"/> Person supporting the orphan <input type="checkbox"/> Orphan	<input type="checkbox"/> Pensioner (scheme for employed persons) <sup>(4)</sup> <input type="checkbox"/> Pensioner (scheme for self-employed persons) <sup>(4)</sup>
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1.1. Surname <sup>(1a)</sup> .....

1.2. Forenames ..... Previous names <sup>(1b)</sup> ..... Place of birth <sup>(2)</sup> .....

1.3. Date of birth ..... Sex ..... Nationality .....

1.4. Identification/insurance number <sup>(3)</sup> .....

1.5. Civil status       single                       married                       widow/widower  
                                   divorced                       separated <sup>(5)</sup>                       cohabiting <sup>(6)</sup> <sup>(7)</sup>

1.6. Address in the country of residence of the members of the family:  
 Street ..... No .....  
 Post code ..... Town ..... Country .....

<b>2.</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Surviving parent <sup>(8)</sup>	<input type="checkbox"/> Spouse divorced or separated from the worker or pensioner <input type="checkbox"/> Cohabiting partner <sup>(6)</sup> <sup>(7)</sup>
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2.1. Surname <sup>(1a)</sup> .....

2.2. Forenames ..... Previous names <sup>(1b)</sup> ..... Place of birth <sup>(2)</sup> .....

2.3. Date of birth ..... Sex ..... Nationality ..... Identification/insurance number <sup>(3)</sup> .....

2.4. Address:  
 Street ..... No .....  
 Post code ..... Town ..... Country .....

2.5. Pursuit of gainful employment:     Yes     No

<b>3.</b>	<input type="checkbox"/> Person or persons, other than the spouse, in whose household the members of the family are living
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3.1. Surname <sup>(1a)</sup> .....

3.2. Forenames ..... Previous names <sup>(1b)</sup> ..... Place of birth <sup>(2)</sup> .....

3.3. Date of birth ..... Sex ..... Nationality ..... Identification/insurance number <sup>(3)</sup> .....

3.4. Family relationship with child or children .....

3.5. Address:  
 Street ..... No .....  
 Post code ..... Town ..... Country .....

3.6. Pursuit of gainful employment:     Yes     No

4. Family members for whom the family benefits are claimed, living with the person named either in box 2 or box 3

Surname	Forenames	Date of birth <sup>(9)</sup>	Relationship <sup>(10)</sup>	Place of residence	Insurance <sup>(3)</sup>
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5. Name and address of the institution competent as regards the granting of family benefits

5.1. Name .....

5.2. Address <sup>(11)</sup> .....

.....

5.3. File reference number .....

**B. Certificate**

**Part B of this form should be completed by the population registration office or the authority or administration competent in matters of civil status in the country of residence of the members of the family <sup>(13)</sup>.**

6.	Composition of the family in which the members named in box 4 live			
6.1.	Surname <sup>(1a)</sup>	Forenames	Date of birth <sup>(9)</sup>	Relationship <sup>(10)</sup>
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
6.2.	Remarks <sup>(13)</sup>			

7.	Information to be supplied if the form is to be sent to a Danish, Icelandic or Norwegian institution <sup>(14)</sup>		
7.1.	Person exercising the parental authority .....		
7.2.	The maintenance of the children from public funds	<input type="checkbox"/> is	<input type="checkbox"/> is not paid
7.3.	The mother and/or father of the children If he/she is, please indicate the date of the death .....	<input type="checkbox"/> are/is	<input type="checkbox"/> are/is not dead <sup>(15)</sup>
7.4.	The mother and/or father of the children receive an old-age invalidity pension	<input type="checkbox"/> do/does	<input type="checkbox"/> do/does not <sup>(15)</sup>

8.	Population registration office or authority or administration competent in matters of civil status <sup>(12)</sup> The accuracy of the information given above has been verified from the official documents in our possession by:		
8.1.	Name and address of the registration office, authority or administration <sup>(11)</sup> .....		
8.2.	Stamp	8.3.	Date
			.....
		8.4.	Signature
			.....

## INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of five pages, none of which may be left out even if it does not contain any relevant information. It should be completed in the language of the authority designated in box 8.

## NOTES

- (<sup>1</sup>) Symbol of the country to which the institution completing the form belongs: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = The Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI=Finland; SE=Sweden; UK=United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (<sup>1a</sup>) In the case of Spanish nationals state both names. In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport.
- (<sup>1b</sup>) Previous names include surname at birth.
- (<sup>2</sup>) In the case of Portuguese districts, state also the parish and the local authority.
- (<sup>3</sup>) Where the form is being sent to a Czech institution, state the birth number; to a Cypriot institution, if a Cypriot national state the Cypriot identification number, if not a Cypriot national state the Alien Registration Certificate (ARC) number; to a Danish institution, indicate the CPR number; to a Finnish institution, indicate the population register number; to a Swedish institution, indicate the personal number (personnummer); to an Icelandic institution, indicate the personal identification number (kennitala); to a Liechtenstein institution, indicate the AHV insurance number; to a Lithuanian institution state the personal identification number; to a Latvian institution state the identity number state; to a Hungarian institution, state the TAJ (social insurance identification) number; to a Maltese institution, in the case of Maltese nationals, state the identity card number, or, if not a Maltese national, state the Maltese social security number; to a Norwegian institution, indicate the personal identification number (fødselsnummer); to a Belgian institution, indicate the national social security number (NISS); to a German institution of the general pension insurance scheme, indicate the insurance number (VSNR); to a Spanish institution, state the number appearing on the national identity card (DNI) or N.I.E. in the case of foreign people, even if the card is out of date; to a Polish institution, state the PESEL and NIP numbers; to a Portuguese institution, indicate also the registration number with the general pensions scheme, if the person concerned has been insured under the social security scheme for civil servants in Portugal; to a Slovak institution, state the birth number; to a Slovene institution, state the personal identification number (EMŠO) and tax number; to a Swiss institution, state the AVS/AI (AHV/IV) insurance number.
- (<sup>4</sup>) Denmark, Poland, Slovakia, Liechtenstein, Norway and Switzerland do not differentiate between Pensioner (scheme for employed persons) and Pensioners (scheme for self-employed persons).
- (<sup>5</sup>) For the purpose of Norwegian institutions state date of separation
- .....
- (<sup>6</sup>) For the purpose of Czech, Danish, Icelandic and Norwegian institutions.
- (<sup>7</sup>) This information is based on a statement from the person concerned.
- (<sup>8</sup>) Except if already mentioned in box 1.
- (<sup>9</sup>) For the purpose of Danish and Norwegian institutions indicate only children under the age of 18. For the purpose of Latvian institutions indicate only children under the age of 15, and, if they are attending general or vocational educational establishments and not receiving scholarships and are not married, children under the age of 20.
- (<sup>10</sup>) Show the relationship of each member of the family to the worker, using the following symbols:  
 A = legitimate child. In Spain and Poland child born in wedlock (matrimonial) and child born out of wedlock (non-matrimonial).  
 B = legitimised child.  
 C = adopted child.  
 D = natural child (if the form is completed for a male worker, the natural children must be mentioned only if the paternity or the worker's obligation to maintain them has been officially recognised).  
 E = child of a spouse belonging to the worker's household.  
 F = grandchildren, brothers and sisters whom the person concerned has taken into his household. Also nephews and nieces to the third degree where the competent institution is a Greek institution. Where the competent institution is a Polish institution, only grandchildren and siblings, whose legal guardian is an entitled person or his/her spouse.  
 G = other children belonging permanently to the household on the same footing as the worker's children (foster children). Where the competent institution is a Polish institution, only other children, whose legal guardian is an entitled person or his/her spouse.  
 H = for the purposes of the Czech institutions describe further forms of custody (custody awarded following the court decision to other persons than parents, guardian, curator, etc.).  
 Other relationships (e.g. grandfather) must be written in full. If a child is married, divorced, a widow or a widower, mention this in item 4 and 6.1. Also, if a child has no father or no mother, for the purposes of Greek institutions.
- (<sup>11</sup>) Street, number, post code, town, country.

- (<sup>12</sup>) In Spain, the 'Dirección Provincial del Instituto Nacional de Seguridad Social' (Provincial Directorate of the National Social Security Institute) of the place of residence, or the 'Autoridad Municipal' (Municipal Authority) where appropriate. In case of seamen 'Direccion Provincial del Instituto Social de la Marina' (Provincial Directorate of the Marine's Social Institute);  
in France, the 'mairie' (registrar's office) or the 'caisse d'allocations familiales' (fund for family allowances);  
in Ireland, Child Benefit Section, Department of Social and Family Affairs, St. Oliver Plunkett Road, Letterkenny, County Donegal;  
in Cyprus the Ministry of Finance, Grants and Benefits Service, 1489 Nicosia;  
in Latvia, the 'Valsts sociālās apdrošināšanas aģentūra' (State Social Insurance Agency), Riga;  
in Poland, commune or district;  
in Portugal, the 'Junta de Freguesia' (Parish Council) of the place of residence of the members of the family;  
in Slovakia, the 'úrad práce, sociálnych vecí a rodiny' (Office of Labour, Social Affairs and Family) in the place of residence of claimant;  
in Finland, the Social Insurance Institution, Helsinki;  
in Sweden, the 'försäkringskassan' (social insurance office) at the place of residence;  
in the United Kingdom, Inland Revenue, Child Benefit Office (GB), PO Box 1, Newcastle-upon-Tyne NE 88 IAA or for Northern Ireland, Child Benefit Office (NI), Windsor House, 9-15 Bedford Street Belfast BT2 7UW, and Inland Revenue, Tax Credits Office (Northern Ireland), 52-58 Great Victoria Street, Belfast BT2 7WF, as appropriate;  
in Switzerland, the local administration (registry office) of the place of residence.
- (<sup>13</sup>) If the child resides at an address other than that indicated at point 2.5 or 3.6, please indicate the other address. For the purpose of Norwegian and Polish institutions please state if the child resides in an orphanage, a special school or another residential institution.
- (<sup>14</sup>) This information is supplied only if the civil administrations have the necessary data at their disposal.
- (<sup>15</sup>) Strike out the alternative that is not relevant.
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