

Familienkasse / Family Benefits Office

Please take note of the explanatory notes in the application for child benefit ("Antrag auf Kindergeld") and the information sheet on child benefit ("Kindergeld-Merkblatt").

Landesamt für Besoldung und
Versorgung Baden-Württemberg
- Familienkasse -
70730 Fellbach

Anlage Kind - Enclosure "Kind"

to the application for child benefit ("Antrag auf Kindergeld") dated _____

Serial number _____

First application after birth of child

Personal data of applicant

Last name	First name	Personnel number / area of work
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1. Information regarding the child

If this is your first application, please attach copies of the relevant documents (birth certificate, certificate of adoption).

First name	Last name (if different)	Date of birth
Place of birth	Sex	Tax identification number (Please always fill in.)
Nationality	If applicable, different address (street, number, zip code, city, country)	
Reason for different address (e. g. child lives with his/her grandparents / in a foster home / a children's home or away from home for school education or vocational training) (If necessary, please enclose details on a separate sheet.)		

2. Legal relationship between the child and

	Biological child	Adopted child	Foster child	Stepchild	Grandchild
the applicant:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the spouse or registered partner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
another person (e.g. other parent, please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*If applicable, enclose adoption certificate					
Another person (please specify):					
Last name, first name			Date of birth		
Last known address (street, number, zip code, city, country)					
Nationality			Place of employment (country)		

If necessary, please include additional information (e.g. deceased, fatherhood not ascertained, unknown).

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3. Personal data of a child over the age of 18 or a child that will soon turn 18 (If not applicable, please continue with number 4.):

	From	until (dd/mm/yyyy)
3.1 The child		
<input type="checkbox"/> attends/ has attended a school, higher education institution or vocational training. Type of school, degree course or vocational training: _____		
<input type="checkbox"/> cannot/could not commence or continue with vocational training due to the lack of an apprenticeship position. _____		
<input type="checkbox"/> has completed/completes a voluntary service (soziales Jahr / ökologisches Jahr under the Youth Volunteer Service Act (Jugendfreiwilligendienstgesetz); europäischer/entwicklungspolitischer Freiwilligendienst; Freiwilligendienst aller Generationen; Internationaler Jugendfreiwilligendienst; Bundesfreiwilligendienst or another service carried out abroad (section 5 Federal Volunteer Service Act (Bundesfreiwilligendienstgesetz)). _____		
<input type="checkbox"/> was/is in a transitional period no longer than four months (e. g. in between two periods of study or training). _____		
<input type="checkbox"/> was/is unemployed and registered at the Federal Employment Agency as job-seeking. _____		
3.2 Information on employment (Only needs to be completed if no. 3.1 is filled in.)		
a) The child has completed/will shortly complete his/her first vocational training or degree.	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Continue with no. 3.3.)
Vocational qualification/degree (Please indicate the subject.): _____	Completion of vocational training: _____	
Intended profession, if different from training/degree indicated above: _____		
b) The child is employed or will start an employment shortly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Continue with no. 3.3.)
Employment:	From	until (dd/mm/yyyy)
<input type="checkbox"/> One or several marginal employment(s) according to sections 8, 8a of the Fourth Social Code (SGB IV) (Minijob) _____		
<input type="checkbox"/> Other employments (In case of several employments, please provide details on a separate sheet.) _____		
Regular (agreed) weekly working hours:	_____ hours	
Employer (name, address): _____		
3.3 Information on disabilities		
Does the child have a disability which has occurred before he/she turned 25?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof for data (numbers 3.1-3.3) of a child over the age of 18:		
<input type="checkbox"/> is included	<input type="checkbox"/> has already been submitted	<input type="checkbox"/> will be submitted later

4. Have you or a third party applied for child benefit or received child benefit for the abovenamed child?

<input type="checkbox"/> Yes, please fill in: <input type="checkbox"/> No	<input type="checkbox"/> No	
Last name, first name of applicant/recipient	Date of birth	Period (from-until)
Address of the Familienkasse		Child benefit number

5. Do/did you or a third party receive benefits for the child from an institution abroad or from an international or supranational institution during the last five years?

<input type="checkbox"/> Yes, please fill in:	<input type="checkbox"/> No	
Last name, first name of recipient	Date of birth	
Benefits received	euros	Period (from-until)
Address of the paying office		Monthly amount

6. Are/were you or a third party who has a legal relationship with the child during the last five years prior to the application

a) working as a public employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) working abroad as an employee, self-employed person, development aid worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) employed in Germany at a department or institution of a different state / as a member of NATO military personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) working in Germany on request of an employer based abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please fill in:	
Last name, first name of employee	Period (from-until)
Name of employer/company/department/institution (If available, include personnel number.) In case of a) , only name the responsible Familienkasse	
Address of employer/company/department/institution In case of a) , only name the responsible Familienkasse	

We declare that the information provided in this form is correct and complete. We are aware that we have to inform the Familienkasse without delay about any changes that may influence my entitlement to child benefit. We have read and understood the information sheet on child benefit ("Kindergeld-Merkblatt", available at www.lbv.landbw.de or www.bzst.de).

Information on data protection:

The data is used in accordance with sections 32, 62-78 of the Income Tax Act (Einkommensteuergesetz) and according to the regulations of the Fiscal Code of Germany (Abgabenordnung), the Federal Child Benefits Act (Bundeskindergeldgesetz) and the Social Code (Sozialgesetzbuch), respectively. Find detailed information on your rights regarding the collection of personal data according to articles 13 and 14 of the General Data Protection Regulation (Datenschutz-Grundverordnung) as well as contact information of the data protection officer on the websites of your Familienkasse.

Date _____

Date _____

Signature of the applicant or the legal representative

Signature of the child (only children over the age of 18)

PLEASE FILL IN THE GERMAN FORM