

# Application for family allowances: supplementary sheet 1

## Further children



<b>A</b>	<b>Identity of the applicant's children (up until 25 years of age)</b>	
01	<u>3rd child</u> Surname(s): _____ First name(s): _____ Date of birth: _____ Address: _____ Income during apprenticeship or ongoing education (gross salary, yield on assets, daily cash benefits and pensions)	<input type="checkbox"/> own child <input type="checkbox"/> foster child <input type="checkbox"/> adopted child <input type="checkbox"/> grandchild <input type="checkbox"/> spouse's child <input type="checkbox"/> siblings Country: _____ Fr. _____
02	<u>4th child</u> Surname(s): _____ First name(s): _____ Date of birth: _____ Address: _____ Income during apprenticeship or ongoing education (gross salary, yield on assets, daily cash benefits and pensions)	<input type="checkbox"/> own child <input type="checkbox"/> foster child <input type="checkbox"/> adopted child <input type="checkbox"/> grandchild <input type="checkbox"/> spouse's child <input type="checkbox"/> siblings Country: _____ Fr. _____
03	<u>5th child</u> Surname(s): _____ First name(s): _____ Date of birth: _____ Address: _____ Income during apprenticeship or ongoing education (gross salary, yield on assets, daily cash benefits and pensions)	<input type="checkbox"/> own child <input type="checkbox"/> foster child <input type="checkbox"/> adopted child <input type="checkbox"/> grandchild <input type="checkbox"/> spouse's child <input type="checkbox"/> siblings Country: _____ Fr. _____
<b>B</b>	<b>Comments</b>	
04	_____ _____ _____ _____ _____ _____	
<b>C</b>	<b>Verification by the authority of the applicant's residential municipality</b>	
05	We, the authority of the applicant's residential municipality, confirm having verified the listed persons' identities. If we found any inaccurate information, we made the necessary corrections.	
	_____	_____
	Date	Stamp and Signature