



Department of Social Security

HM Government of Gibraltar

Claim No.
Stamp and date of receipt

CHILD WELFARE GRANT - NOTIFICATION OF CHANGE OF CIRCUMSTANCES

Complete Part 1 and whichever of Parts 2 to 5 that applies to the change of circumstances you are reporting and return the form to our offices at 79/80 Harbour's Walk, The New Harbours. (Advice will be given, if desired, by the Department of Social Security.)

PART 1 - PLEASE USE CAPITAL LETTERS

Reference No. CWG		Mr/Mrs/Ms
Full Name		
Address		

PART 2 - BIRTH

The following child/ren has (have) been born into my family:

Surname of child/ren	First name of child/ren	Date of birth of child/ren

- *Please submit birth certificate*

PART 3 - DEATH

The following death has occurred:

Full name of deceased person	
Date of birth	
Date of death	

- *Please submit death certificate*

PART 4 - MARRIAGE OR CIVIL PARTNERSHIP

I have married or entered into a civil partnership with:

Full name of spouse or civil partner	
Date of marriage or civil partnership	

- *Please submit marriage certificate or civil partnership certificate*

