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Deutsche  
Rentenversicherung  
Rheinland**Application for recognition of child rearing  
periods/credited child rearing periods****V800ZRBG**

**Please note:** To enable us to record your child rearing periods / credited child rearing periods in your social security account we require relevant information and documents from you (German Social Code Book Six – statutory pension insurance / Sozialgesetzbuch, Sechstes Buch – Gesetzliche Rentenversicherung). For that reason, please answer all questions completely and send us the required documents as soon as possible. Your cooperation with the application process allows us to process your benefit matters more rapidly.

The extent of your cooperation is based on Section 149-4 German Social Code Book Six (§ 149 Abs. 4 SGB VI) according to which you are obliged to state any relevant facts regarding the verification of your insurance periods and to provide the required documents and other proof.

German Insurance number	AIGR / BKZ	Date of application	
		Day	Month Year

<b>1 Personal details of applicant</b>		If you have questions concerning specific items on this questionnaire please refer to the explanatory notes II/1818a	
Last name		First and middle names (Please underline name normally used)	
Name at birth		Previous names	
Date of birth	Sex	Nationality (if applicable, previous nationalities held until)	
	<input type="checkbox"/> male <input type="checkbox"/> female		
Place of birth (city, region, country / state)			
Present address (No. and street, Apt. No., P.O. Box or Rural Route)		Daytime telephone No.	
City, town or village and Postal Code		Fax No., e-mail	

<b>2</b>	<b>Details of children (Please attach additional application form for additional children)</b>
I hereby apply to have my child rearing periods / credited child rearing periods recognized (Please attach birth certificates or "Familien-/Stammbuch" (family record/extract from the record of births, deaths and marriages) – not applicable, if child rearing periods have already been recognized)	

No.	Name and first name of child (at the time of birth, for adoptive children name after adoption)	Date of birth
	Place of birth, country of birth	If applicable, date of death
1	Were you responsible for rearing the child until its tenth birthday? ① <input type="checkbox"/> yes <input type="checkbox"/> no	If no: please state beginning and end
No.	Name and first name of child (at the time of birth, for adoptive children name after adoption)	Date of birth
	Place of birth, country of birth	If applicable, date of death
2	Were you responsible for rearing the child until its tenth birthday? ① <input type="checkbox"/> yes <input type="checkbox"/> no	If no: please state beginning and end
No.	Name and first name of child (at the time of birth, for adoptive children name after adoption)	Date of birth
	Place of birth, country of birth	If applicable, date of death
3	Were you responsible for rearing the child until its tenth birthday? ① <input type="checkbox"/> yes <input type="checkbox"/> no	If no: please state beginning and end

① Answer yes to this question if the child **has not turned ten yet** and you have been responsible for rearing this child since it was born.

Confirmation of personal details specified in item 2 No.	Confirmation field
Presentation of <input type="checkbox"/> Birth certificate <input type="checkbox"/> "Familien-/Stammbuch" <input type="checkbox"/>	Stamp, signature, date
Confirmation of personal details specified in item 1	Confirmation field
Presentation of <input type="checkbox"/> ID card <input type="checkbox"/> Passport <input type="checkbox"/>	Stamp, signature, date

**3 Declaration of applicant**

I declare that to the best of my knowledge the information given in this form is true and complete.  
I am aware that knowingly or intentionally giving false information may be penalized by law.

Place, Date

Signature of parent filing this application