

Baby on the way? Congratulations! With this form, you, a future parent living in Flanders, can apply for the starting amount (maternity benefit). Return the completed and signed application form to [vlaanderen@parentia.be](mailto:vlaanderen@parentia.be) or fill out your application on-line at [www.parentia.be](http://www.parentia.be). You prefer to send the form by post? Then send the application form to P.O. Box 80030 in 1070 Anderlecht. Send us a pregnancy note with the estimated date of birth as of the sixth month of pregnancy. The mother will receive the starting amount at the earliest 2 months before the estimated delivery date. Payment of the Growth Package will start automatically after the birth, as soon as your child is registered in the population register. Please also inform us if you were to give birth abroad or if your child does not (or no longer) live in Flanders.

1. **Details of the mother**

First name: .....  
 Name: .....  
 Postal code of your place of residence: . . . . .  
 National registry number (see back of identity card) or date of birth: . . . . . - . . . . .  
 Mobile phone: .....  
 E-mail: .....  
 The mother works outside of Belgium:  No  Yes, in ..... (country)  
 The mother works as an international/European civil servant:  No  Yes, at ..... (organisation)  
 The mother receives a foreign social benefit:  No  Yes, in ..... (country)

2. **Details of the other parent**  There is no other parent

First name: .....  
 Name: .....  
 National registry number (see back of identity card) or date of birth: . . . . . - . . . . .  
 The other parent works outside of Belgium:  No  Yes, in ..... (country)  
 The other parent works as an international/European civil servant:  No  Yes, at ..... (organisation)  
 The other parent receives a foreign social benefit:  No  Yes, in ..... (country)

3. **Details of the child**

Probable delivery date: . . . / . . . / . . .

4. **Payment on a bank account** (the account number provided will be verified by your bank)

We request to transfer the starting amount and the Growth Package to account: B E . . . . . - . . . . .  
 This is a bank account in the name of: .....

5. **Certificate from the gynaecologist or midwife** (complete or add an original certificate)

I, (first name and name) ....., gynaecologist / doctor / midwife, declare that (first name and name).....with national registry number ..... is at least 5 months pregnant.  
 The probable delivery date is . . . / . . . / . . .  
 She is expecting ..... child(ren) (enter the number).  
 Date . . . / . . . / . . . Signature and stamp

6. **Signature**

The parents choose Parentia Vlaanderen vzw to pay the starting amount (maternity benefit) and the Growth Package (child benefit) for all their children, as soon as allowed by law.

De ouders wensen dat Parentia Vlaanderen vzw het startbedrag (kraamgeld) en het Groeipakket (kinderbijslag) uitbetaalt voor al hun kinderen vanaf de dichtstbijzijnde wettelijke datum.

I would like to receive information from Parentia on child benefit, family administration and related services for families. I agree to the privacy policy, available at [www.parentia.be](http://www.parentia.be).

Date and signature of the mother or of both parents:

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Parentia attaches great importance to the protection of your personal data. We process your data to pay your Groeipakket/Growth Package correctly, in accordance with the Groeipakket Decree. We can also pass them on to the agency 'Opgroeien' in the context of a starting interview. We save your data for the entire time that your child may be entitled to a Growth Package. You always have the right to:  
 • view, correct or delete your data via Parentia and limit its processing;  
 • ask Parentia to transfer your data directly to another controller;  
 • submit a complaint to the Data Protection Authority.  
 Do you have questions or do you want to exercise your rights with regard to the processing of your personal data? Then contact us at the address below.