

# European Health Insurance Card - Application Form



<b>Address of Applicant / Family</b>

<b>Telephone Number:</b>
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<b>Mobile Number:</b>
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<b>Departure Date:</b>
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<b>Return Date:</b>
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**New Application:**

**Renewal:**

<b>Date Received by Health Office:</b>
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	First Name (s)	Surname	Gender (M/F)	Date of Birth (dd/mm/yyyy)									
1						/			/				
2						/			/				
3						/			/				
4						/			/				
5						/			/				
6						/			/				
7						/			/				
8						/			/				
9						/			/				
10						/			/				

PPS Number											

I hereby apply for European Health Insurance Card(s) | I declare that the persons listed are ordinarily resident in the Republic of Ireland

<b>Date:</b>
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<b>Signature:</b>
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**Data Protection Notice:**  
The information on this form will be transmitted to the HSE-PCRS so that an EHIC card(s) may be issued to the person(s) named thereon.

*Please send the completed form to your local Health Office*