European Health Insurance Card - Application Form

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Address of Applicant / Family

Telephone Number:
Mobile Number:
Departure Date:
Return Date:
Date Received by Health Office:

New Application: ☐ **Renewal:** ☐

	First Name (s)	Surname	Gender (M/F)	Date of Birth (dd/mm/yyyy)	PPS Number
1				/ /	
2				/ /	
3				/ /	
4				/ /	
5				/ /	
6				/ /	
7				/ /	
8				/ /	
9				/ /	
10				/ /	

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

Date:	**Signature:**

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