



# Application form for Bereavement Grant

## How to complete this application.

- Please tear off this page and use as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Please answer **all questions** that apply to you.
- You need a Personal Public Service Number (PPS No.) before you apply.

If the deceased person was an adult (over age 18), please complete **Parts 1, 2, 3** (if applicable), **5, 6** (if applicable). When form is completed, read **Part 7** and sign declaration in **Part 1**.

If the deceased person was a child (under age 18) or between age 18 and 22 in full-time education, complete **Parts 1, 2, 4, 5, 6** (if applicable). When form is completed, read **Part 7** and sign declaration in **Part 1**.

If you need any help to complete this form, please contact your local Social Welfare Office or Citizens Information Centre.

For more information, log on to **[www.welfare.ie](http://www.welfare.ie)**.

### **Important:**

You must apply within **12 months** of the date of death, otherwise you may lose payment.

You must enclose a death certificate/coroner interim cert and the funeral bill or receipt with this application. The funeral bill or receipt must be in your name or you must provide written permission from the person responsible for the bill, allowing you to claim Bereavement Grant.

## How to fill in first page of this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.:	1	2	3	4	5	6	7	T											
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other												
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your first name as it appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	C	D	E	R	M	O	T	T										
7. Your mother's birth surname:	K	E	L	L	Y														
8. Your date of birth:	2	8	0	2	1	9	7	0											
	D	D	M	M	Y	Y	Y	Y											

## Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T								
	O	L	D			T	O	W	N											
	C	O		D	O	N	E	G	A	L										
10. Your telephone number:	0	8	6	1	2	3	4	5	6	7										
	MOBILE																			
	0	1	7	0	4	3	0	0	0											
	LANDLINE																			
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

# SAMPLE







Part 2 continued

Details of deceased person

Country 2

Country where they worked or lived:

Grid for country where they worked or lived

Their address while there:

Grid for their address while there

Grid for their address while there

Grid for their address while there

Their social insurance number:

Grid for their social insurance number

Period(s) covered by social insurance:

From:

Grid for period covered by social insurance (From)

To:

Grid for period covered by social insurance (To)

Part 3

Details of deceased person's spouse, civil partner or cohabitant

30. Was the deceased person:

Single

Cohabiting

Married

In a Civil Partnership

Separated

A surviving Civil Partner

Divorced

A former Civil Partner

Widowed

(they were in a Civil Partnership that had been dissolved)

If you have ticked one of the boxes at Q30 (excluding "Divorced" or "A former civil partner"), please give the following details for the widowed spouse, civil partner or cohabitant:

31. Their PPS No.:

Grid for PPS No.

32. Their surname:

Grid for their surname

33. Their first name(s):

Grid for their first name(s)

34. Their birth surname:

Grid for their birth surname

35. Their address (either a current address or their last address while in insurable employment):

Grid for their address

Grid for their address

Grid for their address

36. Their date of birth:

Grid for date of birth (DD MM YYYY)

37. Their date of death (if applicable):

Grid for date of death (DD MM YYYY)

38. Their old social insurance number, if any:

Grid for old social insurance number

This number was used prior to 1979

39. Their occupation:

Grid for their occupation







**Person 2:**

Their PPS No.:

Their surname:

Their first name(s):

Their address:

Their date of birth:        
D D M M Y Y Y Y

Social Welfare claim number, if any:

**49. Was the child getting any payment or allowance from this Department or from the Health Service Executive?**

Yes  No

**If 'Yes', please state:**

Name of payment:

Their claim or reference number:

Amount: € , .  a week





## Where to apply

If the deceased person was getting one of the payments listed across

or

If the deceased person was a qualified dependant (adult or child) of a person who is getting one of the payments listed across

- State Pension (Contributory)
- State Pension (Transition)
- State Pension (Non-Contributory)
- Blind Pension
- Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension
- Widow's, Widower's or Surviving Civil Partner's (Non-Contributory) Pension
- Deserted Wife's Benefit
- Deserted Wife's Allowance
- Guardian's Payment (Contributory)
- Guardian's Payment (Non-Contributory)

You should write the name of the appropriate payment from this list on the envelope containing your completed application form and send it to:

**Social Welfare Services**  
**College Road**  
**Sligo**

**LoCall: 1890 500 000 (from the Republic of Ireland only)**

**Telephone: + 353 71 9157100 (from Northern Ireland or overseas)**

All other completed applications should be sent to:

**Social Welfare Services**  
**Government Buildings**  
**Ballinalee Road**  
**Longford**

**LoCall: 1890 927 770 (from the Republic of Ireland only)**

**Telephone: + 353 43 3340000 (from Northern Ireland or overseas)**

If you have any difficulty filling in this form, please contact us at the numbers listed above or call to your local Social Welfare Office.

### Note

The rates charged for using 1890 (LoCall) numbers may vary among different service providers.



## Data Protection and Freedom of Information

**We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.**

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

100K 02-11

Edition: February 2011

