



Application form for

# Replacement Social Services Card or Pension/Allowance Book

## How to complete application form for Replacement Social Services Card or Pension or Benefit or Allowance Book.

- Please tear off this page and use as a guide to filling in this form.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please use **BLACK** ball point pen.
- Please answer **all questions** that apply to you. If you fail to do so, the form may be returned to you. If a question does not apply to you, please leave the answer area blank.
- The Department may use any of your contact details to get in touch with you.
  
- Part 1 - Please fill in all details, following the instructions for the first page. Please sign declaration when form is completed.
  
- Part 2 - Please have this filled in at the Post Office where you cash your payment.

If you are having difficulty maintaining or cashing your book of payable orders, it may be possible to have your payment paid direct to a financial institution or Post Office account (this is known as Direct Payment). For more information please contact the Department at the relevant address or by telephone - details given on the back page of this form.

**REMEMBER: If you complete and return this form immediately, it will help us to send you a replacement card or book without delay - addresses are listed on the back page of this form.**

# How to fill in first page of this form

- Print letters and numbers clearly.
- Complete the boxes from left to right starting with the first box.
- Use one character per box.
- Please see example below.

1. Please state your PPS No: 

1	2	3	4	5	6	7	T	
---	---	---	---	---	---	---	---	--

Title (tick box):

Mr.

Mrs.

Ms.

Other

--	--	--	--	--	--	--	--	--	--

2. Surname:

M	U	R	P	H	Y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. First name(s):

M	A	R	Y																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. What is your birth surname?

M	C	D	E	R	M	O	T	T											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

5. What is your mother's birth surname?

O	S	U	L	L	I	V	A	N											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

6. What is your date of birth?

2	8
---	---

D D

0	2
---	---

M M

1	9	7	0
---	---	---	---

Y Y Y Y

# SAMPLE



# Application form for Replacement Social Services Card or Pension/Allowance Book

## Part 1

## Your own details

1. Please state your PPS No:











Title (tick box):

Mr.

Mrs.

Ms.

Other









2. Surname:






















3. First name(s):






















4. What is your birth  
surname?






















5. What is your mother's  
birth surname?






















6. What is your date of  
birth?



D D



M M





Y Y Y Y

## Declaration by you

All the information I have given on this form is accurate.

I undertake to tell the Department of Social and Family Affairs in writing if my social services card or pension/allowance book(s) reported in this form is/are returned or found by me.

I will **NOT** cash any orders from the book(s) returned or found without the prior agreement of the Department.

**I understand that I will have to refund to the Department of Social and Family Affairs any overpayment which may occur as a result of duplicate payment of pension or benefit or allowance received by me.**

If you cannot sign your name, make a mark, such as an X, and have a witness sign their name beside it.

Signature

(NOT block letters)

Date:



D D



M M





Y Y Y Y

**Warning: If you make a false statement or you withhold information, you may face a fine, a prison sentence or both.**



**13. Please give details here of your lost, stolen or destroyed pension or benefit or allowance book**

**If more than ONE book, please give details of both books:**

**Book 1 Please state:**

**Type of payment book which is lost or stolen or destroyed:**

**Date of last order cashed by you:**

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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**How was your book lost or stolen or destroyed?**

Reason(s) for loss of book

**Book 2 Please state:**

**Type of payment book which is lost or stolen or destroyed:**

**Date of last order cashed by you:**

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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**How was your book lost or stolen or destroyed?**

Reason(s) for loss of book

**Social Services Card**

**Please state:**

**Date of last card transaction by you:**

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
----------------------	----------------------	-----	----------------------	----------------------	-------	----------------------	----------------------	----------------------	----------------------	------

**How was your card lost or stolen or destroyed?**

Reason(s) for loss of card

14. Please give name and address of post office where you get your payment:

Post Office Name  
Address

15. Have you claimed Supplementary Welfare Allowance (SWA) from the Health Service Executive since your book or card was lost or stolen or destroyed? If YES, please state:

YES  NO

Date you claimed SWA:

Day   Month     Year

Amount you were paid:

€  a week

## Part 2

To be completed at Post Office where you cash your payment

I certify that the person named at PART 1 has reported the loss or theft or destruction of their:

Social Services Card

Social Welfare Pension or Benefit or Allowance book(s)

at this Post Office

For and on behalf of Postmaster

Signed

(Not block letters)

Date

Post Office Official Stamp

**WARNING: Penalty for false statement or withholding information: Fine or Imprisonment or both.**

**THIS COMPLETED FORM SHOULD BE SENT TO THE APPROPRIATE ADDRESS ON NEXT PAGE. →**

## If your payment was for:

- State Pension (Contributory)
- State Pension (Non-Contributory)
- State Pension (Transition)
- Widow's or Widower's (Contributory) Pension
- Widow's or Widower's (Non-Contributory) Pension
- Blind Pension
- Guardian's Payment (Contributory)
- Guardian's Payment (Non-Contributory)
- Deserted Wife's Benefit
- Deserted Wife's Allowance
- Prisoner's Wife's Allowance
- One-Parent Family Payment

- Invalidity Pension
- Disability Allowance
- Family Income Supplement
- Carer's Allowance
- Carer's Benefit

- Child Benefit

## Send this form to:

### Social Welfare Services

Department of Social and Family Affairs  
College Road

Sligo.

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

Dublin (01) 704 3000

Sligo (071) 916 9800

### Social Welfare Services

Department of Social and Family Affairs  
Ballinalee Road

Longford.

Tel: Longford (043) 45211

Dublin (01) 704 3000

### Social Welfare Services

Department of Social and Family Affairs  
St. Oliver Plunkett Road

Letterkenny

Co. Donegal.

Tel: LoCall 1890 400 400 (from  
the Republic of

Ireland only)

Dublin (01) 704 3000

**Please remember to sign the declaration in Part 1**

### Note

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

## **Data Protection and Freedom of Information**

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

**Explanations and terms used in this form are intended as a guide only and do not purport to be a legal interpretation.**