

Application form for

# Guardian's Payment (Contributory) or (Non-Contributory)



## How to complete application form for Guardian's Payment (Contributory) or (Non-Contributory).

- Please use this page 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. If a question does not apply to you, please leave the answer area blank.
- You need a Personal Public Service Number (PPS No.) before you apply.

Fill in all **Parts**. When form is completed, 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).

## 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



12. Please state your spouse's or partner's PPS No.:

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

13. Are you in receipt of Foster Care Allowance (FCA)?

Yes       No

14. If 'No', have you applied or do you intend to apply for Foster Care Allowance?

Yes       No

15. Are you, or any other person, receiving weekly payments from this Department, or from the Health Service Executive, on behalf of the orphan(s) e.g. Supplementary Welfare Allowance?

Yes       No

16. If 'Yes', please state:

Claimant's surname:

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

Claimant's first name(s):

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

Type of payment:

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

Amount:

€ 

--	--	--

 . 

--	--

 a week

Claim number:

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

17. Have you claimed an Orphan's or Guardian's Pension from Britain, Northern Ireland, or any other EU country or a country with which Ireland has a Bilateral Social Security Agreement?

Yes       No

If 'Yes', please state claim number:

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

Part 2

Habitual Residence Condition

18. What country were you born in?

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

19. What is your nationality?

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

20. Have you lived outside the Republic of Ireland for any period longer than three months within the last five years?

Yes       No

21. If 'Yes', when did you come to live in the Republic of Ireland?

D	D	M	M	Y	Y	Y	Y

22. Are you legally entitled to reside in the Republic of Ireland?

Yes       No



### Part 3

### Your payment details

You can get your payment at your local post office or direct to your current, deposit or savings account in a financial institution. Please complete one option below.

#### Post Office

Post Office address:


#### Financial Institution

You will get the following details printed on statements from your financial institution.

Name of financial institution:

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

Sort code:

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

Account number:

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

Bank Identifier Code (BIC):

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

International Bank Account Number (IBAN):


Name(s) of account holder(s):

Name 1:

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

Name 2 (if any):

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### Part 4

### Orphan's mother's and father's details

#### Mother or stepmother

23. Their PPS No.:

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

24. Their surname:

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

25. Their first name(s):

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

26. Their birth surname:

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

27. Their date of birth:

D	D	M	M	Y	Y	Y	Y												

28. Their address:




29. Their previous address:  
(if known)


30. Their telephone number:

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

MOBILE

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

LANDLINE

31. Their date of marriage:  
(if applicable)

D	D	M	M	Y	Y	Y	Y

32. Their date of death:  
(if applicable, attach death certificate)

D	D	M	M	Y	Y	Y	Y

33. Were they or are they getting any payment from this Department?

Yes       No

If 'Yes', please state:

Type of payment:

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

Claim number, if known:

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

If deceased, was their death due to a work-related accident or disease?

Yes       No

34. Please state:

Employer's name:

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

Employer's address:


Job title:

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

Dates they worked there:

From:

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

To:

D	D	M	M	Y	Y	Y	Y



Father or stepfather

35. Their PPS No.:

36. Their surname:

37. Their first name(s):

38. Their birth surname:

39. Their date of birth:

D D      M M      Y Y Y Y

40. Their address:

41. Their previous address:

(if known)

42. Their telephone number:

MOBILE

LANDLINE

43. Their date of marriage:

(if applicable)

D D      M M      Y Y Y Y

44. Their date of death:

(if applicable, attach

D D      M M      Y Y Y Y

45. Were they or are they getting any payment from this Department?

Yes       No

If 'Yes', please state:

Type of payment:

If deceased, was their death due to a work-related accident or disease?

Yes       No



46. Please state:

Employer's name: [grid]

Employer's address: [grid]

Job title: [grid]

Dates they worked there: From: [DD][MM][YYYY] To: [DD][MM][YYYY]

Part 5

Child(ren)'s details

47. How many orphans do you wish to claim for?

[ ][ ] under age 18 [ ][ ] age 18 - 22 in full-time education

You must attach written confirmation from the school or college for the children aged 18 - 22

Please state child's:

Child 1

Surname: [grid]

First name(s): [grid]

PPS No.: [grid]

Date of birth: [DD][MM][YYYY]

Relationship to you: [grid]

Are they living with you? [ ] Yes [ ] No

Child 2

Surname: [grid]

First name(s): [grid]

PPS No.: [grid]

Date of birth: [DD][MM][YYYY]

Relationship to you: [grid]

Are they living with you? [ ] Yes [ ] No





Child 3

Surname: [grid]

First name(s): [grid]

PPS No.: [grid]

Date of birth: [grid] [grid] [grid] [grid] [grid] [grid]
D D M M Y Y Y Y

Relationship to you: [grid]

Are they living with you? [ ] Yes [ ] No

48. Did you adopt the orphan(s)?

[ ] Yes [ ] No

If 'Yes', please state:

Orphan 1

Orphan's surname: [grid]

Orphan's first name: [grid]

Orphan's current address: [grid]

Orphan 2

Orphan's surname: [grid]

Orphan's first name: [grid]

Orphan's current address: [grid]

Orphan 3

Orphan's surname: [grid]

Orphan's first name: [grid]

Orphan's current address: [grid]



49. If a social worker is acting for the orphan(s), please state:

Their surname:

Their first name:

Their address:

Their telephone number:

MOBILE

LANDLINE

Part 6

Child(ren)'s income or means details

- You must declare details of any money held or shared for the orphan(s).
- A Social Welfare Inspector may call on you shortly to examine your application and may ask to see documents about the means of the orphan(s). You must give any information that they ask for.

50. Does the orphan(s) have income or means from any source e.g. part-time job?

Yes  No

If 'Yes', please give details in the space provided:

51. Does the orphan(s) have savings (cash or money in a financial institution)?

Yes  No

If 'Yes', please state:

Amount: €    ,    .

Where are savings held:

52. Does the orphan(s) own a business, property, or land (for example, from deceased parents estate)?

Yes  No

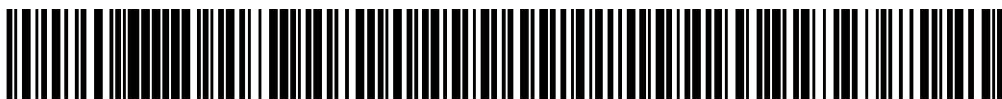
If 'Yes', please give details in the space provided:



**53.If you have not claimed within 3 months of the orphan(s) being orphaned or coming to live with you, give reason(s) why you did not claim before now in the space provided.**

If you fail to claim within 3 months of becoming eligible you may lose some payment.

**54.If there is any other information you wish to give about your claim, please give details in the space provided.**



**Have you enclosed the following?**

- **Independent written confirmation of parental abandonment and failure to provide.**  
(unless both parents are deceased)
- **Your birth certificate**
- **The orphan(s) birth certificate(s)**
- **Orphan's father's death certificate** (if applicable)
- **Orphan's mother's death certificate** (if applicable)

**Only original certificates will be accepted**

**You do not need to send these certificates unless the event(s) occurred outside the Republic of Ireland.**

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

Send this completed application form to:

Guardians Section  
Department of Social and Family Affairs  
Social Welfare Services  
College Road  
Sligo

**Data Protection and Freedom of Information**

**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 according to the law.**

