Application form for

Supplementary Welfare Allowance Assistance towards Funeral Expenses

Social Welfare Services
SWA 5

Data Classification R

Part 1 — Your own details

1. **Your PPS No.:**
2. **Title:** (insert an 'X' or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other
3. **Surname:**
4. **First name(s):**
5. **Your first name as it appears on your birth certificate:**
6. **Birth surname:**
7. **Your mother's birth surname:**
8. **Your date of birth:** D D M M Y Y Y Y
9. **Are you the deceased's next of kin?** ☐ Yes ☐ No

   If 'No', please state your relationship to the deceased:

Contact Details

10. **Your address:**

    County

    Postcode

11. **Your telephone number:** MOBILE

    LANDLINE

12. **Your email address:**

Declaration

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted.

Date: D D M M 2 0 Y Y

Signature (**not** block letters)

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part 2 Deceased person's details

13. Their PPS No.:

14. Their surname:

15. Their first name(s):

16. Their date of birth:

D D M M Y Y Y Y

17. Their address:

18. Their date of death:

D D M M Y Y Y Y

19. Surname of next of kin:

20. First name(s) of next of kin:

21. Address of next of kin:

22. Did the deceased make a will? ☐ Yes ☐ No

If 'Yes', please attach a copy.

23. Was or were there assurance policies payable on the death of the deceased?

☐ Yes ☐ No

If 'Yes', please state:

Amount: € ___,___.__

Please attach a copy or copies and details of any payments received.

24. Did the deceased person have any savings or investments?

☐ Yes ☐ No

If 'Yes', please state:

Amount: € ___,___.__

Please attach statement(s).

25. Is there any money payable from a Credit or Trade Union (including any applicable insurance policies)?

☐ Yes ☐ No

If 'Yes', please state:

Amount: € ___,___.__

Please attach statement(s).

26. Did the deceased person own property?

☐ Yes ☐ No

If 'Yes', please attach details

Part 3 Deceased family details

27. Please complete the following in relation to the immediate family members. For example, spouse, civil partner or cohabitant, son(s), daughter(s) or parents.

Family member 1

Their surname:

Their first name(s):

Their address:

Their relationship to the deceased:

Their source of income:

Their income: € , . a week

Family member 2

Their surname:

Their first name(s):

Their address:

Their relationship to the deceased:

Their source of income:

Their income: € , . a week

Family member 3

Their surname:

Their first name(s):

Their address:

Their relationship to the deceased:

Their source of income:

Their income: € , . a week

Note: A separate sheet of paper can be used for more details if needed.

Deceased family details

28. Did any family member make a contribution towards the cost of the funeral?

☐ Yes ☐ No

If 'Yes', please state:

Amount: € ☐,☐☐☐.☐☐

If 'No', please give reason or comment:

29. Who made the funeral arrangements?

Their surname:

Their first name(s):

30. Name of undertaker:

31. Total cost of funeral: € ☐☐,☐☐☐.☐☐

32. Amount outstanding: € ☐☐,☐☐☐.☐☐

Please attach a detailed funeral account or invoice from the undertaker, including details of any payment plan.

Send this completed application form to:

Your Department of Employment Affairs and Social Protection office administering Supplementary Welfare Allowance.

For official use only:

Date received: ☐☐ ☐☐ 2 0 ☐☐
D D M M Y Y Y Y

Received by:

Report/Decision:

Date: ☐☐ ☐☐ 2 0 ☐☐
D D M M Y Y Y Y

Signature (**not** block letters)

Data Protection Statement

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.

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