

Widow's, Widower's or Surviving Civil Partner's Contributory Pension



You need a Personal Public Service Number (PPS No.) before you apply.

How to complete this application form.

- 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.

Fill in **all** parts as they apply to you. When form is completed, sign declaration in **Part 1**.

If you have lived or worked in another country:

We will apply for a pension on your behalf to those countries covered by EU Regulations or Bilateral Agreements.

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

For more information, log on to **www.welfare.ie**.

Important:

If you do not claim within **6 months** of becoming eligible, you could lose some payment.

How to fill 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your first name(s) as appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	C	D	E	R	M	O	T	T										
7. Your date of birth:	2	8		0	2		1	9	7	0									
	D	D		M	M		Y	Y	Y	Y									
8. Your mother's birth surname:	K	E	L	L	Y														

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T										
	O	L	D				T	O	W	N												
	D	O	N	E	G	A	L			T	O	W	N									
County	D	O	N	E	G	A	L			Eircode												
10. Your telephone number:	O	N	E				N	U	M	B	E	R			P	E	R		B	O	X	
	MOBILE																					
	O	N	E				N	U	M	B	E	R			P	E	R		B	O	X	
	LANDLINE																					
11. Your email address:	O	N	E				C	H	A	R	A	C	T	E	R			P	E	R		
	B	O	X																			

SAMPLE



Part 1

Your own details

1. Your PPS No.:

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2. Title: (insert an 'X' or specify)

Mr. Mrs. Ms. Other

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3. Surname:

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4. First name(s):

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5. Your first name as it appears on your birth certificate:

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6. Birth surname:

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

7. Your date of birth:

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D D M M Y Y Y Y

8. Your mother's birth surname:

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Contact Details

9. Your address:

County								Eircode							

10. Your telephone number:

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 MOBILE

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 LANDLINE

11. 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. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

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Signature (not block letters)

Date:

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D D M M Y Y Y Y

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



Part 1 continued

Your own details

12. What date did you get married or enter into a civil partnership?

D	D	M	M	Y	Y	Y	Y

13. What date did your spouse or civil partner die?

D	D	M	M	Y	Y	Y	Y

14. Have you cohabited since the date of death of your late spouse or civil partner?

Yes No

If 'Yes', please state period(s) of cohabitation:

From:								
To:								
	D	D	M	M	Y	Y	Y	Y

15. Your country of birth:

Part 2

Your work and claim details

16. Did you work in Ireland before 1979?

Yes No

If 'Yes', state your Social Insurance number or addresses you lived at during this time:

Your Social Insurance number:

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Address:

Address:

Address:

17. If you are or were a teacher, civil servant or in the Army, please state:

Name of department/school:



Address of department/school:

School roll number, if applicable:

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Army number, if applicable:

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Dates you worked there:

From:

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To:

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D D M M Y Y Y Y

Pension payroll number:

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18. Please give details of all your employments in Ireland:

Employer 1

Employer's name:

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Employer's address:

Job title:

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Dates you worked there:

From:

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To:

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D D M M Y Y Y Y

Employer 2

Employer's name:

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Employer's address:

Job title:

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Dates you worked there:

From:

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To:

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D D M M Y Y Y Y

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



19. If you were ever self-employed in the Republic of Ireland, please state:

Dates of self-employment:

From:

To:

D D M M Y Y Y Y

20. If you have ever lived or worked outside the Republic of Ireland, please give details below.

Country 1

Country:

Employer's name:

Your address while living/working there:

Your social insurance number while there:

Dates you worked there:

From:

To:

D D M M Y Y Y Y

Type of work:

Country 2

Country:

Employer's name:

Your address while living/working there:

Your social insurance number while there:

Dates you worked there:

From:

To:

D D M M Y Y Y Y

Type of work:



Country 3

Country:

Employer's name:

Your address while living/working there:

Your social insurance number while there:

Dates you worked there: From:
 To:
 D D M M Y Y Y Y

Type of work:

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

21. If you ever claimed a payment from this Department before, please state:

Type of payment claimed:

Your claim or reference number:

Your address at that time:

22. If you have not claimed within 6 months of your late spouse's or civil partner's death, give reason(s) why you did not claim before now:



You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. Please complete one option below.

Financial Institution

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

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

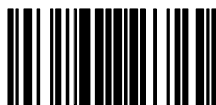
Name(s) of account holder(s):
Name 1:

Name 2 (if any):

Post Office

Please enter below the name and address of the post office where you wish to collect your payment.

Post office name and address:



23. How many children, normally resident with you, do you wish to claim for?

under age 18

age 18 - 22 in full-time education

Please state child(ren)'s:

PPS No.:

PPS No.:

PPS No.:

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

Living Alone Increase

This allowance is payable if you qualify for a **Widow's, Widower's or Surviving Civil Partner's Contributory Pension**, are aged 66 or over and live alone or mainly alone.

24. If you wish to claim a Living Alone Increase, please state:

Date you started living alone:
D D M M Y Y Y Y

Fuel Allowance

This allowance is means tested and is subject to your household composition.

25. Do you wish to apply for a Fuel Allowance?

Yes No

If 'No', please go to Part 6.

If 'Yes', please complete fully the remainder of this section.

You must provide details of ALL your income excluding Social Welfare payments in Q 26. If you have no income please put a 0 in the amount boxes.

26. Your details:

Gross weekly income: € ,. a week

Total savings/ investments: € ,.

Value of property: (other than family home) € ,,.

Rent from this property: (other than family home) € ,. a week

Profit from business: € ,. a year

Note: You may be asked to supply documentary evidence of all income.



You must also complete Q 27 about ALL the people living with you. If they have no income please put a 0 in the amount boxes.

27. The following people live with me:

Person 1 living with me

Name:

PPS No.:

Gross weekly income: € , . a week

Total savings/
investments/property
value: (not family home) € , .

Profit from business: € , . a year

Person 2 living with me

Name:

PPS No.:

Gross weekly income: € , . a week

Total savings/
investments/property
value: (not family home) € , .

Profit from business: € , . a year

Person 3 living with me

Name:

PPS No.:

Gross weekly income: € , . a week

Total savings/
investments/property
value: (not family home) € , .

Profit from business: € , . a year

Note: You may be asked to supply documentary evidence of all income.

Extra benefits

Log on to www.welfare.ie for more information on extra benefits available to pensioners.



Part 6**Your late spouse's or civil partner's details**

28. Their PPS No.:

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29. Title: (insert an 'X' or specify)

Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Other					
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30. Their surname:

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31. Their first name(s):

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32. Their birth surname:

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33. Their date of birth:

D	D	M	M	Y	Y	Y	Y								

34. Their mother's birth surname:

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Part 7**Your late spouse's or civil partner's work and claim details**

35. If they were getting any payment(s) from this Department, please state:

Name of payment:

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36. Did they die as a result of a work-related accident or disease?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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37. Did they work in Ireland before 1979?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If 'Yes', state their Social Insurance number or addresses they lived at during this time:

Their Social Insurance number:

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Address:

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Address:

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Address:

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38.If they were a teacher, civil servant or in the Army, please state:

Name of department/school:																
Address of department/school:																
School roll number, if applicable:																
Army number, if applicable:																
Dates they worked there:	From:															
	To:															
		D	D	M	M	Y	Y	Y	Y							
Pension payroll number:																

39.Please give details of all their employments in Ireland:

Employer 1

Employer's name:																
Employer's address:																
Job title:																
Dates they worked there:	From:															
	To:															
		D	D	M	M	Y	Y	Y	Y							

Employer 2

Employer's name:																
Employer's address:																
Job title:																
Dates they worked there:	From:															
	To:															
		D	D	M	M	Y	Y	Y	Y							

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



40. If they were ever self-employed in the Republic of Ireland, please state:

Dates of self-employment:

From:

To:

D D M M Y Y Y Y

41. If they have ever lived or worked outside the Republic of Ireland, please give details below.

Country 1

Country:

Employer's name:

Their address while living/working there:

Their social insurance number while there:

Dates they worked there:

From:

To:

D D M M Y Y Y Y

Type of work:

Country 2

Country:

Employer's name:

Their address while living/working there:

Their social insurance number while there:

Dates they worked there:

From:

To:

D D M M Y Y Y Y

Type of work:



Country 3

Country:

Employer's name:

Their address while living/working there:

Their social insurance number while there:

Dates they worked there: From:
 To:
 D D M M Y Y Y Y

Type of work:

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

Part 8

Divorce or Dissolution of civil partnership or civil union and annulment details

42. Have you ever been divorced or had a civil partnership dissolved?

Yes No

If 'Yes', please attach a copy of the Decree Absolute, Decree of Divorce or Decree of Dissolution.

43. If 'Yes', was the divorce/dissolution granted in the Republic of Ireland?

Yes No

44. If 'No', please state:

The surname of the spouse from whom you are divorced or your former civil partner:

Their first name:

Country they were born in:

Date you married or entered a civil partnership with them:
 D D M M Y Y Y Y

Country in which you were married or entered a civil partnership:

Date divorce or dissolution proceedings started:
 D D M M Y Y Y Y

Country in which you were living when divorce or dissolution proceedings started:



Country this spouse or civil partner lived in when divorce or dissolution proceedings started:

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Have you remarried or entered into a civil partnership since your divorce or dissolution of civil partnership?

Yes No

45. Have you ever obtained a State annulment?

Yes No

If 'Yes', please attach a copy of the order granting the annulment.

46. Was your late spouse/civil partner ever divorced or in a previous civil partnership?

Yes No

If 'Yes', please attach a copy of the Decree Absolute, Decree of Divorce or Decree of Dissolution.

47. If 'Yes', was the divorce or dissolution granted in the Republic of Ireland?

Yes No

48. If 'No', please state:

The surname of the spouse from whom they were divorced or their former civil partner:

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Their spouse's/civil partner's first name:

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

Country their spouse/civil partner was born in:

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Date your late spouse/civil partner married/entered into a civil partnership with them:

D	D	M	M	Y	Y	Y	Y

Country in which they were married or entered a civil partnership:

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

Date divorce or dissolution proceedings started:

D	D	M	M	Y	Y	Y	Y

Country your late spouse/civil partner lived in when their divorce/dissolution proceedings started:

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

Country their spouse/civil partner lived in when their divorce/dissolution proceedings started:

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

Did your late spouse/civil partner remarry or enter into a civil partnership since their divorce/dissolution?

Yes No

49. Has your spouse/civil partner ever obtained a State annulment?

Yes No

If 'Yes', please attach a copy of the order granting the annulment.

Important: see Checklist in Part 9.



Have you enclosed the following?

- **Your P60 for the last full tax year before you were widowed or your civil partner died**
(if you were employed for that year)
- **Letter from school or college**
You must attach written confirmation from the school or college confirming that any child(ren) aged 18 - 22 listed in **Part 4** of this form are in full time education.
If you are claiming for Fuel Allowance, please make sure that you have you fully completed Question 26 and 27.

If you were born, married or entered into a civil partnership or a civil union outside the Republic of Ireland:

- **Your birth certificate**
- **Your marriage certificate or civil partnership or civil union registration certificate**
- **Divorce Decree (Decree Absolute) certificate or Decree of Dissolution of civil partnership**
- **Your spouse's or civil partner's birth certificate**
- **Your spouse's or civil partner's death certificate. If you do not yet have a death certificate for them, a Coroner's report or a death notice from a newspaper is also acceptable**
- **Copy of order granting annulment**
- **Your child(ren)'s birth certificate(s)** (if born outside the Republic of Ireland and if applying for an increase for them). Note: No birth certificate is needed if you are already getting Child Benefit.
Original certificates only.

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

Send this completed application form to:**Widow's, Widower's or Surviving Civil Partner's Contributory Pension Section**

Social Welfare Services

Department of Social Protection

College Road

Sligo

Telephone: (071) 915 7100

LoCall: 1890 500 000

If you are calling from outside the Republic of Ireland please call + 353 71 915 7100

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

