

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.

Application form for Widow's, Widower's or Surviving Civil Partner's Contributory Pension

Social Welfare Services

WCP 1

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 date of birth:**

D D M M Y Y Y Y

8. **Your mother's birth surname:**

Contact Details

9. **Your address:**

County Eircode

10. **Your telephone number:**

MOBILE

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.

Signature (not block letters)

Date:

D D M M 2 0 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.



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: [grid]

Employer's name: [grid]

Your address while living/working there: [grid]

Your social insurance number while there: [grid]

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

Type of work: [grid]

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: [grid]

Your claim or reference number: [grid]

Your address at that time: [grid]

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:

[Large empty box for text response]



Part 4

Details of your qualified child(ren)

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.

Part 5

Other Payments

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.



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:



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

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

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

