



Widow's, Widower's or Surviving Civil Partner's (Non-Contributory) Pension

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

If you have qualified children and don't qualify for a Widow's, Widower's or Surviving Civil Partner's Contributory Pension you should apply for a One-Parent Family Payment instead. This pension is **only** payable up to **66** years of age.

How to complete this application form.

- Please use this page as a guide to filling in this form.
- Please answer **all questions**. Incomplete forms will be returned and this may delay your application.
- Please use **Black** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.

Fill in all **Parts** as they apply to you. When form is completed, read **Part 9** and sign declaration in **Part 1**.

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 **3 months** of becoming eligible, you could lose some payment.

Important

If you fail to provide relevant information or if you provide information which is untrue or misleading you will be required to repay any payment you received from the Department and you may be prosecuted. You must notify the Department of any change in your circumstances.

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												
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 appear(s) 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							
10. Your telephone number:	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
11. Your email address:	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R		
	B	O	X																

SAMPLE

Application form for
**Widow's, Widower's or Surviving Civil
 Partner's (Non-Contributory) Pension**

Social Welfare Services

WP 1

Data Classification R



Part 1

Your own details

1. Your PPS Number:

2. Title: (insert an 'X' or specify) Mr. Mrs. Ms. Other

3. Surname:

4. First name(s):

5. Your first name(s) as appear(s) 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

Postcode

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.

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

Signature (not block letters)

Date:

D D M M 2 0 Y Y Y Y

Signature of witness (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.

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

Part 2

Your work and claim details

Widow's, Widower's or Surviving Civil Partner's Non-Contributory is a means tested payment. You are legally obliged to declare all your means which include money in cash or in a financial institution, savings, shares, bonds, funds, property (other than your own home), foreign pensions etc. Please include written evidence such as statements and payslips with your application.

14(a). Have you ever been employed in Ireland?

Yes

No

If **Yes**, please give details of all employments in Ireland, starting with your **first** employer:

Employer 1

Employer's name:

Employer's address:

Job title:

Dates you worked there:

From:

To:

D D

M M

Y Y Y Y

Employer 2

Employer's name:

Employer's address:

Job title:

Dates you 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.

Part 2 continued

Your work and claim details

14(b). Are you employed at present?

Yes No

If **Yes**, please state:

Employer's name:

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

Employer's address:

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

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

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

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

Gross weekly pay: € , . a week

Gross weekly pay is your pay before tax, PRSI or other deductions.

15(a). Were you ever self-employed in the Republic of Ireland?

Yes No

If **Yes**, please state:

Dates of self-employment:

From:

To:

D D M M Y Y Y Y

15(b). Are you self-employed at present?

Yes No

If **Yes**, please state:

Type of work you do:

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

Date you started self-employment:

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

D D M M Y Y Y Y

Net yearly earnings: € , . a year

Net yearly income is money you have made **after** deducting operating expenses.

16. Have you ever claimed a payment from this Department before?

Yes No

If **Yes**, please state:

Type of payment claimed:

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

Your claim or reference number:

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

Your address at that time:

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

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

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

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

17. Would you like us to consider you for a Widow's, Widower's or Surviving Civil Partner's Contributory Pension?

Yes No

18. Are you getting any other pension or allowance?

Yes No

If Yes, please state:

Who pays this pension:

[Grid for name of payer]

Your claim or reference number:

[Grid for claim or reference number]

Amount:

€ [] , [] [] [] . [] [] a week

Please attach the most recent payslip or letter from the people who pay you confirming the above amount and also provide a 3 month bank statement for the account to which this payment is made.

19. Are you getting a social security payment from another country?

Yes No

If Yes, please state:

Name of country:

[Grid for name of country]

Your claim or reference number:

[Grid for claim or reference number]

Amount:

€ [] , [] [] [] . [] [] a week

Please attach the most recent payslip or letter from the Social Security Agency confirming the above amount and also provide a 3 month bank statement for the account to which this payment is made.

20. Have you ever lived or worked outside the Republic of Ireland?

Yes No

If Yes, please give details below. We will notify other countries covered by EU Regulations or Bilateral Agreements that you may be entitled to a pension from them.

Country:

[Grid for country]

Employer's name:

[Grid for employer's name]

Your address while living/working there:

[Grid for address line 1]

[Grid for address line 2]

[Grid for address line 3]

[Grid for address line 4]

Your social insurance number while there:

[Grid for social insurance number]

Dates you worked there:

From: [] [] [] [] [] [] [] [] [] []

To: [] [] [] [] [] [] [] [] [] []

D D M M Y Y Y Y

Type of work:

[Grid for type of work]

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

Financial Institution 2

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

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

Name 2 (if any):

Please attach an original statement for each account, showing transactions for the last 3 months. If you have any other accounts you must give details of them to this Department on a separate sheet of paper.

24. Do you have property apart from your home? Yes No

If **Yes**, please state:
Type of property:

Address of property:

Property would be an apartment, business property, another house or land other than that mentioned at question 21.

Current market value: € , , .

Rent from this property: € , . a week

Please provide a valuation from a registered auctioneer or valuer.

25. Are you paying a mortgage, a housing loan, or rent for your home? Yes No

If **Yes**, please state:
How much do you pay: € , . a week

Please attach documentary evidence.

26. Are you paying maintenance? Yes No

If **Yes**, please state:
Amount: € , . a week

Please provide a copy of the maintenance agreement.

27. Are you receiving maintenance? Yes No

If **Yes**, please state:

Amount: € , . a week

Please provide a copy of the maintenance agreement.

28. Do you have any other income? Yes No

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

29. Did you ever sell or transfer any property or business? Yes No

If **Yes**, please give details in the space provided and attach a copy of the deed of transfer:

30. Have you moved from your home? Yes No

If **Yes**, please outline the circumstances in the space provided. If your home is rented, occupied by other people or otherwise being used, please give details:

31. Did you recently sell your home to buy another? Yes No

If **Yes**, please outline the circumstances in the space provided and attach supporting documents regarding the financial transaction from your solicitor and a copy of the Deed of Transfer:

32. If you have not applied within 3 months of your late spouse's/civil partner's death, please give a reason why in the space provided:

All Questions Must Be Answered

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

Yes No

If you are a holder of a Irish Residence Permit (IRP) card, please provide a copy of this card and your letter from the Department of Justice and Equality.

34. Were you born outside the Republic of Ireland? Yes No

If **Yes**, please state:

Country you were born in:

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

Your nationality:

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

You must provide your original Birth Certificate with your application. Photocopies are not acceptable.

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

Yes No

If **Yes**, when did you come to live in the Republic of Ireland?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Part 4

Your payment details

You can get your payment at the post office or direct to your 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

If you do not have an account in a financial institution please indicate the post office where you wish your payment to be made.

Post Office address:

If you are unable to collect or cash your payment at the post office and you want someone else (known as an agent) to do so for you, please complete the form AGENT authority to appoint an agent available on www.welfare.ie.

Part 5

Other payments

Fuel Allowance

This allowance is subject to your household composition. Only one person in a household can get this allowance.

36. 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. Do not leave any question blank. If no income, please enter 0 in each box.

37. The following people live with me:

Person 1

Surname:

First name(s):

PPS Number:

Relationship to you:

Are they: Employed Self-employed

If so, state weekly amount: € , . a week

Are they: In receipt of a social welfare payment Other

If in receipt of a social welfare payment or other, please give details in the space provided:

Weekly amount: € , . a week

Person 2

Surname:

First name(s):

PPS Number:

Relationship to you:

Are they: Employed Self-employed

If so, state weekly amount: € , . a week

Are they: In receipt of a social welfare payment Other

If in receipt of a social welfare payment or other, please give details in the space provided:

Weekly amount: € , . a week

Note: A separate sheet of paper can be used for details of other persons living with you.

Extra benefits

For more information on extra benefits available to pensioners, log on to www.welfare.ie.

Part 6

Your late spouse's or civil partner's details

38. Their PPS Number:

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

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

Mr.

Mrs.

Ms.

Other

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

40. Their surname:

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

41. Their first name(s) as appear(s) on their birth certificate:

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

42. Their birth surname:

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

43. Their date of birth:

--	--

--	--

--	--	--	--

D D

M M

Y Y Y Y

44. Their mother's birth surname:

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

45. Their address:

Only answer this question if you are married or in a civil partnership and do not live together.

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

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

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

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

Part 7

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

46. Were they getting any payment(s) from this Department or from the Health Service Executive?

Yes

No

If **Yes**, please state:

Name of payment:

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

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

Yes

No

48. Were they employed in Ireland?

Yes

No

If **Yes**, please give details of all their employments in Ireland, starting with their first employer:

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.

49. Were they ever self-employed in the Republic of Ireland?

Yes No

If **Yes**, please state:

Dates of self-employment:

From:

--	--

--	--

--	--	--	--

To:

--	--

--	--

--	--	--	--

D D M M Y Y Y Y

50. Have they ever lived or worked outside the Republic of Ireland?

Yes No

If **Yes**, please state:

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.

56. If **Yes**, was the divorce or dissolution granted in the Republic of Ireland?

Yes No

If **No**, please state:

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

[Grid for surname]

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

[Grid for first name]

Country their spouse/civil partner was born in:

[Grid for country]

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

[Grid for date: DD MM YYYY]

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

[Grid for country]

Date divorce or dissolution proceedings started:

[Grid for date: DD MM YYYY]

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

[Grid for country]

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

[Grid for country]

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

Yes No

57. 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 most recent payslips
(if you were employed during the last 12 months)
- Statements from all financial institutions showing the last 3 months transactions (internet printouts are not accepted) and the name and address of the account holder(s).
(if you have money or investments in a financial institution)
- Advice slips from any pensions you are receiving.
- If you are the holder of a Irish residence Permit (IRP), have you attached a copy of this card and your letter from the Department of Justice and Equality?
If you are claiming for Fuel Allowance, please make sure that you have you fully completed Question 36 and 37.

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.

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 Non-Contributory Pension Section

Social Welfare Services

Department of Employment Affairs and 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 Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.welfare.ie/dataprotection or in hard copy.

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