# Application form for

# **Bereavement Grant**



### How to complete application form for Bereavement Grant.

- Please read information booklet **SW 47** before filling in this application form.
- Please use **BLACK** ball point pen.
- Please tear off this page and use as a guide to filling in this form.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer **all questions** that apply to you. If you fail to do so, the form may be returned to you. If a question does not apply to you, please leave the answer area blank.
- The Department may use any of your contact details to get in touch with you.
- You must apply within **12 months** of the date of death, otherwise you may lose payment.
- You must enclose a death certificate/coroner interim cert and the funeral bill with this application.
- Your application will be delayed if you send this form to the wrong address.
- Part 1 Please fill in all details, following the instructions for the first page. Please sign declaration when form is completed.
- If the deceased person was an adult (over age 18), complete Parts 1, 2, 3 (if applicable), 5, 6 (if applicable).
- If the deceased person was a child (under age 18) or between age 18 and 22 in full-time education, complete Parts 1, 2, 4, 5, 6 (if applicable).

If you need any help to complete this form, please contact your local Social Welfare Office.

## How to fill in first page of this form

- Print letters and numbers clearly.
- Complete the boxes from left to right starting with the first box.
- Use one character per box.
- Please see example below.
- 1. Please state your PPS No:

1 2 3 4 5 6 7 T

**Title:** (insert an 'X' or specify)

Mr. Mrs. X Ms. Other

2. Surname:

4. What is your birth surname?

3. First name(s):

M C D E R M O T T | | | | | | | |

5. What is your mother's birth surname?

O S U L L I V A N

6. What is your date of birth? (Please attach your birth certificate if born outside the Republic of Ireland)

 2
 8

 D
 D

 M
 M

 Y
 Y

 Y
 Y

**Contact Details:** 

7. What is your address?

1		Ν	Ε	W		S	T	R	Ε	Ε	T				
0	L	D		T	0	W	N								
С	0		D	0	Ν	Ε	G	Α	L						

8. What is your telephone number?

0	1	7	0	4	3	0	0	0			
L	A	N		D	L	I	Ν	Е			
Λ	0	-	4	2	2	4	E	-	7		
U	0	0	1		3	4	5	0	7		

9. What is your email address?



# SAMPLE

# Bereavement Grant



Part 1		7	Yo	ur	OW	'n	det	ail	.S											
1. Please state your PPS No:																				
<b>Title:</b> (insert an 'X' or specify)	Mr.			Mrs	s. [		Ms	S. [			(	Oth	er							
2. Surname:																				
3. First name(s):																				
4. What is your birth surname?																				
5. What is your mother's birth surname?																				
6. What is your date of birth? (Please attach your birth certificate if born outside the Republic of Ireland)  Contact Details:	D	D		M	M		Υ	Y	Y	Υ										
7. What is your address?																				
						İ														
8. What is your telephone number?	Ļ																			
	L	Α	1	N 1	D	L		N	Е						l					
	M	O		3	<u>                                     </u>	L	E													
9. What is your email																				
address?					<u> </u>	<u> </u>							<u> </u>			<u> </u>	<u> </u>			
			De	ecla	ara	tic	n l	by ]	yoı	u										
I apply for a Bereavement Grar best of my knowledge.	nt. I d	decl	are	tha	t th	e d	etai	ls I	have	e giv	ven	are	tru	e aı	nd c	om	ple	te to	o the	е
If you cannot sign your name, m	ake	a m	ark,	, suc	ch a	s ar	Χ,	and	hav	e a	witı	ness	s sig	n th	eir	nan	ne b	esic	le it.	•
								Da	te:					1 1	M			/ \	/ Y	
Signature		(N	OT k	olock	lette	ers)									_				-	

Part 1 continued	Your own details
10.How are you related to the deceased person?  11.Are you responsible for paying the funeral bill?  If 'No', do you have permission from the next-of-kin to apply for a Bereavement Grant?  12.Please give the address you last lived at, while insurably employed if different from Q7 on previous page?	Yes No  If 'Yes', attach the funeral bill or receipt of payment in your own name.  Yes No  If 'Yes', attach the funeral bill or receipt of payment with a letter of authorisation from the person responsible for paying the funeral expenses.
D 4.0	
Part 2	Details of deceased person
18 or over.	person you are claiming a Bereavement Grant for was aged
Please state:	
13. What was their full name?	Surname First name(s)
14. What was their Personal Public Service Number (PPS No.)?	Figures Letter(s)
15. Where did they live?	Address
16. What was their birth surname (surname before marriage) if different?	
17. What was their date of birth?	Day Month Year
18.If married, when did they get married?	Day Month Year
19.If they lived at another address before the one given above, give details here:	

Part 2 continue	ed	Details of	of deceased person						
20. What date did they die?		Day Attach the d	Month eath certificate. We do	Yea					
21. What was their old so insurance number?	ocial	This number was used before 1979 - if no number write 'none'.							
22. Their occupation?									
23.Did the deceased per in Ireland?	rson work	Yes	No						
If 'Yes', please state:									
Employer's name									
<b>Duration of employm</b>	ent	From	То						
24. Was the deceased pe getting any payment pension or allowance Department or from Health Service Execu	or from this the	Yes	No						
If 'Yes', please state:									
Claim or reference nui	mber								
Name of Payment									
25. Did the deceased per work and pay social in in another country?		Yes	No						
If 'Yes', please state:		In some coun insurance.	tries residence alone can	provide cove	er for social				
Country where they worked or lived	Their addr there	ess while	Their social insurance number	Period(s) co social insura From	-				
				110111					

Part 3		Details of	deceased per	rson's spou	se or partner				
26. Was the deceased per	rson:	Married	Widowed	Separated	Divorced				
		Cohabiting	g B						
If you have ticked one boxes at Q26, please s									
27. Their spouse's or part	tner's full	Surname							
name?		First name(s)							
28. Their spouse's or part birth surname (surname before marriage) if different controls.	me								
29. Their spouse's or part		Address							
address (either a curr address or their last a		71441033							
while in insurable									
employment)?									
30. Their spouse's or part date of birth?	tner's	Day	Month		Year				
31. Their spouse's or part	ner's	Day	Month		Year				
date of death (if appli		Day	Monen		rear				
22 Tl - ' 1	• • •		Figures		Letter(s)				
32. Their spouse's or part PPS No.?	iner's								
22 Their control on west									
33. Their spouse's or part social insurance numl									
any?	,	This number w	as used prior to 1	979 - if no num	ber write 'none'.				
34. Their occupation?									
•									
35.Did the deceased per spouse or partner wo Ireland?		Yes	No						
If 'Yes', please state:									
Employer's name									
Length of employmen	it	From	То						
26 Did the deceased nor	con'c								
36.Did the deceased per spouse or partner ever and pay social insurar another country?	er work	Yes	No						
If 'Yes', please state:			ries residence alor	ne can provide	cover for social				
		insurance.		D- 1 1/ 1	and the state of				
Country where they	Their addres	c while there I	Their social insurance	e Period(s) insurance	covered by social				
worked or lived		r	number	From	То				

Part 4	Details of deceased child									
full-time education.	person was under age 18 or aged between 18 and 22 and in									
Please state: 37. What was the child's full name?	Surname									
name:	First name(s)									
38. Where did the child live?										
	For children aged between 18 and 22 who are in full-time education, please get a letter from the school or college to confirm that they attended on a full-time basis.									
39. What was the child's date of birth?	Day Month Year									
40. What was the child's date of death?	Day Month Year									
	Attach the death certificate (we do not accept photocopies)									
41. What was the child's PPS No?	Figures Letter(s)									
42. Give details of the child's father and mother as follows: Father's details His full name:										
His address (if different to above):										
His date of birth:	Day Month Year Figures Letter(s)									
His PPS No.:										
Social Welfare claim number, if any:										
Mother's details Her full name:										
Her address (if different to above):										
Her date of birth:	Day Month Year									
Her PPS No.:	Figures Letter(s)									
Social Welfare claim number, if any:										
43. Was the child getting any payment or allowance from this Department or from the Health Service Executive?	Yes No									

**If 'Yes', please state:** Name of Payment:

Claim or reference number:

# Your Payment Details

You can get your Bereavement Grant paid direct to your current, deposit or savings account in a financial institution. Please complete below.

	Financial Institution	
Name of financial institution:		
Sort code:		
Account number:		
Bank Identifier Code (BIC):		
International Bank Account Number (IBAN):		
	Il of the above details are printed on stater stitution.	ments from your financial

If you do not have an account in a financial institution please contact us to discuss alternative arrangements.

In certain circumstances it may not be possible to make payment direct to your account in a financial institution, where this happens a cheque will issue.

	* *
44.If you have not applied for a Bereavement Grant within 12 months of the date of the person's death, please give reason(s) why:	

Late application details

Remember in all cases to send a death certificate/coroners interim cert and the funeral bill with your application.

Please get a letter from the school or college if your application is for a child aged between 18 and 22 who was in full-time education.

### Personal Public Service Number (PPS No.) (same as RSI or tax number).

When you apply for a Bereavement Grant for a spouse, partner or child, you must supply your own PPS No. and also the deceased person's PPS No. If you do not know these numbers, please contact your local Social Welfare Office. They will let you know your PPS numbers. If you do not have one they will let you know what you have to do to get one.

Please see information leaflet **SW100** for more details.

Part 6

### This completed application form should be sent to:

### Where to apply

If the deceased person was getting one of the payments listed

or

If the deceased person was a qualified dependant (adult or child) of a person who is getting one of the payments listed across

- State Pension (Contributory)
- State Pension (Transition)
- State Pension (Non-Contributory)
- Blind Pension
- Widow's or Widower's (Contributory) Pension
- Widow's or Widower's (Non-Contributory) Pension
- One-Parent Family Payment
- Deserted Wife's Benefit
- Deserted Wife's Allowance
- Guardian's Payment (Contributory)
- Guardian's Payment (Non-Contributory)

Please send the application form to:

Social Welfare Services College Road Sligo

**Telephone** LoCall 1890 500 000 (from the Republic of Ireland only)

**Dublin** (01) 704 3000

### All other bereavement grant applications should be sent to:

Bereavement Grant Section Social Welfare Services Government Buildings Ballinalee Road Longford

Telephone: Longford (043) 45211

**Dublin** (01) 704 3487

If you have any difficulty filling in this form, please contact us at the numbers listed above or call to your local Social Welfare Office.



75K 07-08 Edition: July 2008