



Application form for

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

## How to complete this application form.

**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.**

- Please tear off this page and use 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.
- You need a Personal Public Service Number (PPS No.) before you apply.

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 Social Welfare Office or Citizens Information Centre.

For more information, log on to [www.welfare.ie](http://www.welfare.ie).

### **Important:**

If you do not claim within **3 months** of becoming eligible, you could lose some payment.

# How to fill in first page of this form

To help us in processing your claim:

- 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 as it appears on your birth certificate:	M	A	R	Y												
6. Birth surname:	M	C	D	E	R	M	O	T	T							
7. Your mother's birth surname:	K	E	L	L	Y											
8. Your date of birth:	2	8	0	2	1	9	7	0								
	D	D	M	M	Y	Y	Y	Y								

## Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T								
	O	L	D			T	O	W	N											
	C	O		D	O	N	E	G	A	L										
10. Your telephone number:	0	1	7	0	4	3	0	0	0											
	MOBILE																			
	0	8	6	1	2	3	4	5	6	7										
	LANDLINE																			
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

# SAMPLE





15. 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

16. If you have ever lived or been employed outside the Republic of Ireland, please specify the 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 1

Country:

Employer's name:

Employer's address:

Your social insurance number while there:

Dates you worked there:

From:

To:

D D M M Y Y Y Y

Job title:

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

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

Yes  No

18. 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:



**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 includes savings, property (other than your own home), foreign pensions etc. Please include written evidence such as statements and payslips with your application.**

**19.If you are employed at present, please state:**

Employer's name:

Employer's address:

Gross weekly earnings: € , .  a week  
 Please attach your most recent payslip

**20.If you are self-employed at present, 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

**This is the money you have made from self-employment after deducting operating expenses.**

**21.If you own, work or rent a farm or land, please state:**

Size of farm or land:  acres

Net yearly income or rent from farm or land: € , .   
 'Net yearly income' is money you have made from the farm **after** deducting operating expenses.

**22.If you have property apart from your home, 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









## Fuel Allowance

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

39. 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.

40. The following people live with me:

## Person 1

Surname:

First name(s):

PPS No.:

## Person 2

Surname:

First name(s):

PPS No.:

## Person 3

Surname:

First name(s):

PPS No.:

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

## Extra benefits

Log on to [www.welfare.ie](http://www.welfare.ie) for more information on extra benefits available to pensioners.









54. 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.

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

Yes  No

56. If 'No', please state:

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

[Grid for surname]

Their first name:

[Grid for first name]

Country they were born in:

[Grid for country]

Date you married or entered into a civil partnership with them:

[Grid for date] DD MM YYYY

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

[Grid for country]

Date divorce or dissolution proceedings started:

[Grid for date] DD MM YYYY

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

[Grid for country]

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

[Grid for country]

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

Yes  No





**Have you enclosed the following?**

- **Your most recent payslips**  
(if you were employed during the last 12 months)
- **Statements from financial institutions for the last 3 months**  
(if you, your spouse, civil partner or cohabitant have money or investments in a financial institution)
- **Letter from school or college**  
(if you are claiming for child(ren) aged between 18 and 22 who are in full-time education)

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

- **Your birth certificate**
- **Your marriage certificate or civil partnership registration certificate**
- **Divorce Decree (Decree Absolute) certificate or Decree of Dissolution of civil partnership**
- **Your spouse's or civil partner's birth certificate**
- **Your late spouse's or civil partner's death certificate. If you do not yet have a death certificate for them, attach a press cutting showing their date of death, a Coroner's report is also acceptable**
- **Copy of order granting annulment if applicable**
- **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 Social Welfare Office or Citizens Information Centre.**

Send this completed application form to:

Widow's, Widower's or Surviving Civil Partner's Non-Contributory Pension Section  
Social Welfare Services  
College Road  
Sligo

### Data Protection and Freedom of Information

**We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.**

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

