



Application form for Widow's or Widower's Contributory Pension

How to complete application form for Widow's or Widower's Contributory Pension.

- 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. If a question does not apply to you, please leave the answer area blank.
- You need a Personal Public Service Number (PPS No.) before you apply.
- Log on to **www.welfare.ie** for more information.

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

Important:

If you do not claim within **12 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	<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 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										
	LANDLINE																		
	0	8	6	1	2	3	4	5	6	7									
	MOBILE																		
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E	

SAMPLE

Part 1 continued

Your own details

12. What date did you get married?

D	D	M	M	Y	Y	Y	Y

Please attach your Marriage Certificate if married outside the Republic of Ireland.

13. What date did your spouse die?

D	D	M	M	Y	Y	Y	Y

Please attach their death certificate (Photocopies are not acceptable). 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.

Part 2

Your work and claim details

14. If you worked in Ireland before 1979, fill in your Social Insurance number or addresses you lived at while employed at that time.

Your Social Insurance number:

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Address:

Address:

Address:

15. If you are or were a teacher, please state:

Name of school:

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Address of school:

Roll number:

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Dates you worked there:

From:

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To:

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

D D M M Y Y Y Y

Pension payroll number:

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If you are or were a civil servant, please state:

Name of department:

Address of department:

Pension payroll number:

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

If you are or were in the army, please state:

Your army number:

16. Please give details of all employments in Ireland, other than any already listed, starting with your first employer:

Employer's name:

Employer's address:

Job title:

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

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.



17. 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

18. 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:



Country 2

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:

Country 3

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.



Part 4

Details of your qualified child(ren)

20. How many children do you wish to claim for?

under age 18

age 18 - 22 in full-time education

You must attach written confirmation from the school or college for the children aged 18 - 22

Please state child's:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

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

Part 5

Other payments

Living Alone Increase

You may get a Living Alone Increase if you are aged 66 or over, getting a **Widow's or Widower's Contributory Pension** and live alone or mainly alone.

Log on to www.welfare.ie for more information.

21. 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. Only one person in a household can get this allowance.

22. 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.

23. Your details.

Gross weekly income: € , .

This includes all earnings such as, pensions from both your previous employment and your late spouse's employment.

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

24. The following persons live with me.

Person 1

Name:

PPS No.:

Gross weekly income: € , .

This includes all earnings such as, pensions from both their previous employment and their late spouse's employment.

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



Person 2

Name:

PPS No.:

Gross weekly income: € , .

This includes all earnings such as, pensions from both their previous employment and their late spouse's employment.

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

Person 3

Name:

PPS No.:

Gross weekly income: € , .

This includes all earnings such as, pensions from both their previous employment and their late spouse's employment.

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



Person 4

Name:

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PPS No.:

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Gross weekly income: €

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This includes all earnings such as, pensions from both their previous employment and their late spouse's employment.

Total savings/
investments: €

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Value of property:
(other than family
home) €

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Rent from this
property: (other than
family home) €

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 a week

Profit from business: €

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 a year

Extra benefits

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



Part 6

Your late spouse's details

25. Their PPS No.:

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

Mr. Mrs. Ms. Other

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27. Their surname:

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28. Their first name(s):

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29. Their birth surname:

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30. Their mother's birth surname:

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31. Their date of birth:

D	D	M	M	Y	Y	Y	Y												

32. Their address:

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Only answer this question if you are married and did not live together.

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33. If your spouse was getting any payment(s) from this Department or from the Health Service Executive, please state:

Name of payment:

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34. Did your spouse die as a result of a work-related accident or disease?

Yes No

35. If your late spouse worked in Ireland before 1979, fill in their Social Insurance number or addresses you lived at while employed at that time.

Their Social Insurance number:

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Address:

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Address:

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Address:

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36. If your late spouse was a teacher, please state:

Name of school:

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Address of school:

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Pension payroll number:

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Dates they worked there:

From:

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To:

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D D M M Y Y Y Y

Roll number:

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If your late spouse was a civil servant, please state:

Name of department: [grid]

Address of department: [grid]

Pension payroll number: [grid]

Dates they worked there: From: [grid] To: [grid] D D M M Y Y Y Y

If your late spouse was in the army, please state:

Their army number: [grid]

37. Please give details of all your late spouse's employments in Ireland, other than any already listed, starting with their first employer:

Employer's name: [grid]

Employer's address: [grid]

Job title: [grid]

Dates they worked there: From: [grid] To: [grid] D D M M Y Y Y Y

Employer's name: [grid]

Employer's address: [grid]

Job title: [grid]

Dates they worked there: From: [grid] To: [grid] D D M M Y Y Y Y

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



38.If your spouse was ever self-employed in the Republic of Ireland, please state:

Dates of self-employment:

From:

To:

D D M M Y Y Y Y

39.If your late spouse was ever employed outside the Republic of Ireland, please specify the details below.

Country 1

Country:

Employer's name:

Employer's address:

Their social insurance number while there:

Dates they worked there:

From:

To:

D D M M Y Y Y Y

Job title:

Country 2

Country:

Employer's name:

Employer's address:

Their social insurance number while there:

Dates they worked there:

From:

To:

D D M M Y Y Y Y

Job title:



Country 3

Country:

Employer's name:

Employer's address:

Their social insurance number while there:

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

Job title:

Part 8

Divorce or annulment details

40. Have you ever been divorced? Yes No
If 'Yes', attach a copy of the Decree Absolute or Decree of Divorce.

41. If 'Yes', was the divorce granted in the Republic of Ireland? Yes No

42. If 'No', please state:
 The surname of the spouse from whom you are divorced:

Their first name:

Country they were born in:

Date you married them:
D D M M Y Y Y Y

Country you were married in:

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

Country you were living in when divorce proceedings started:

Country this spouse lived in when divorce proceedings started:

Have you remarried since your divorce? Yes No



43. Was your late spouse ever divorced?

Yes No

If 'Yes', attach a copy of their Decree Absolute or Decree of Divorce.

44. If 'Yes', was the divorce granted in the Republic of Ireland?

Yes No

(If you cannot remember exact dates, tell us roughly these dates).

45. If 'No', please state:

The name of the spouse from whom they were divorced:

Grid for name of spouse

Their spouse's first name:

Grid for spouse's first name

Country their spouse was born in:

Grid for country of birth

Date your late spouse married them:

DD MM YYYY date grid

Country they were married in:

Grid for country of marriage

Date divorce proceedings started:

DD MM YYYY date grid

Country your late spouse lived in when their divorce proceedings started:

Grid for country of residence at divorce

Country their first spouse lived in when their divorce proceedings started:

Grid for country of residence at first divorce

Did your late spouse remarry since their divorce?

Yes No

46. Have you ever obtained a State annulment?

Yes No

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

47. Has your spouse ever obtained a State annulment?

Yes No

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



Have you enclosed the following?

- **Your P60 for the last full tax year before you were widowed**
(if you were employed for that year)
- **Letter from school or college**
(if you have child(ren) aged between 18 and 22 who are in full-time education)

If born or married outside the Republic of Ireland:

- **Your birth certificate**
- **Your marriage certificate**
- **Your spouse's birth certificate**
- **Your child(ren)'s birth certificate(s)** (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 or Widower's Contributory Pension Section
Social Welfare Services
Department of Social Protection
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.

