



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

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

If you have qualified children and don't qualify for a Widow's or Widower'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. 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.

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.

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											
	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. Please give details of all employments in Ireland, starting with your first employer:

Employer's name:

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Employer's address:

Job title:

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Dates you worked there:

From:

D	D	M	M	Y	Y	Y	Y		

To:

D	D	M	M	Y	Y	Y	Y		

Employer's name:

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

Employer's address:

Job title:

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

Dates you worked there:

From:

D	D	M	M	Y	Y	Y	Y		

To:

D	D	M	M	Y	Y	Y	Y		

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



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:

17.Would you like us to consider you for a Widow's or Widower'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 or Widower'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.

If you are married or you are living with someone as husband and wife, you must also declare the means of your spouse or partner irrespective of whether you are claiming an increase for a qualified adult.

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



23. If you are receiving maintenance, please state:

Amount: € , . a week

24. If you are paying maintenance, please state:

Amount: € , . a week

25. If you are getting a social security payment from another country, please state:

Name of country:

Your claim or reference number:

Amount: € , . a week

Please attach the most recent payslip or letter from the Social Security Agency confirming the above amount.

26. If you are getting any other pension or allowance, please state:

Who pays this pension:

Your 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.

27. If you have savings or accounts in a bank, post office, building society, credit union or any other financial institution, please state:

Financial Institution 1

Name of financial institution:

Account number:

Current balance: € , .

Financial Institution 2

Name of financial institution:

Account number:

Current balance: € , .

Financial Institution 3

Name of financial institution:

Account number:

Current balance: € , .



Financial Institution 4

Name of financial institution:

Account number:

Current balance: € , .

Please attach a statement for **each** account, showing balance for the last **three** months.

28. If you own stocks, shares or investments, please state:

Their value: € , .

Please attach a statement to show details.

29. If you have any other income please give details in the space provided.

30. If you sold or transferred any property or business in the last three years please give details in the space provided and attach a copy of the deed of transfer.

31. If you have moved from your home, please give details in the space provided if your home is rented, occupied by other people or otherwise being used.

32. If you have recently sold your home to buy another, please outline the circumstances in the space provided and attach a copy of the deed of transfer.

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



Part 3

Habitual Residence Condition

34. What country were you born in?

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35. What is your nationality?

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

Yes No

37. If 'Yes', when did you come to live in the Republic of Ireland?

D	D	M	M	Y	Y	Y	Y				

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

Yes No

Part 4

Your payment details

You can get your payment at your local post office or direct to your current, deposit or savings account in a financial institution. Please complete either option below.

Post Office

Post Office address:

Financial Institution

You will get the following details printed on statements from your financial institution.

Name of financial institution:

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

Sort code:

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

Account number:

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

Name(s) of account holder(s):

Name 1:

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

Name 2 (if any):

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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:

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First name(s):

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PPS No.:

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Person 2

Surname:

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First name(s):

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PPS No.:

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Person 3

Surname:

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

First name(s):

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PPS No.:

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Extra benefits

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



Part 6

Your late spouse's details

41. Their PPS No.:

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

Mr. Mrs. Ms. Other

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43. Their surname:

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44. Their first name(s):

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45. Their birth surname:

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46. Their mother's birth surname:

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47. Their date of birth:

D	D	M	M	Y	Y	Y	Y

48. Their address:

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Only answer this question if you did not live together at the time of death.

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

Name of payment: [grid]

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

[] Yes [] No

51.Please give details of all your late spouse's employments in Ireland, starting with their first employer:

Employer's name: [grid]

Employer's address: [grid]

Job title: [grid]

Dates they worked there:

From: [DD] [MM] [YYYY]

To: [DD] [MM] [YYYY]
D D M M Y Y Y Y

Employer's name: [grid]

Employer's address: [grid]

Job title: [grid]

Dates they worked there:

From: [DD] [MM] [YYYY]

To: [DD] [MM] [YYYY]
D D M M Y Y Y Y

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

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

Dates of self-employment:

From: [DD] [MM] [YYYY]

To: [DD] [MM] [YYYY]
D D M M Y Y Y Y



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

Country 1

Country: [Grid of 15 empty boxes]

Employer's name: [Grid of 15 empty boxes]

Employer's address: [Grid of 15 empty boxes]
[Grid of 15 empty boxes]
[Grid of 15 empty boxes]
[Grid of 15 empty boxes]

Their social insurance number while there: [Grid of 10 empty boxes]

Dates they worked there:

From: [DD] [MM] [YYYY]

To: [DD] [MM] [YYYY]
D D M M Y Y Y Y

Job title: [Grid of 15 empty boxes]



Part 8

Divorce or annulment details

54. Have you ever been divorced?

Yes No

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

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

Yes No

56. 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

57. Was your late spouse ever divorced?

Yes No

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

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

Yes No

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



59. If 'No', please state:

The name of the spouse from whom they were divorced:

[Grid for spouse name]

Their spouse's first name:

[Grid for spouse's first name]

Country their spouse was born in:

[Grid for spouse's country of birth]

Date your late spouse married them:

[Grid for date married: DD MM YYYY]

Country they were married in:

[Grid for country of marriage]

Date divorce proceedings started:

[Grid for date proceedings started: DD MM YYYY]

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

[Grid for spouse's country of residence]

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

[Grid for first spouse's country of residence]

Did your late spouse remarry since their divorce?

[Yes/No checkboxes]

60. Have you ever obtained a State annulment?

[Yes/No checkboxes]

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

61. Has your spouse ever obtained a State annulment?

[Yes/No checkboxes]

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



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 or your spouse or partner 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 born or married outside the Republic of Ireland:

- **Your birth certificate**
 - **Your marriage certificate**
 - **Your spouse's or partner's birth certificate** (if applying for an increase for them)
 - **Your late spouse's death certificate, a memorial card, or press cutting showing date of death**
(if applying for an increase for them)
- Original certificates only.**

Please remember to sign the declaration in Part 1.

Send this completed application form to:

Widow's or Widower's Non-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.

