



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. Ms. Other

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

2. Surname:

M	U	R	P	H	Y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. First name(s):

M	A	R	Y																	
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. What is your birth surname?

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			0	2			1	9	7	0				
D	D			M	M			Y	Y	Y	Y				

Contact Details:

7. What is 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								

8. What is your telephone number?

0	1	7	0	4	3	0	0	0						
L	A	N	D	L	I	N	E							
0	8	6	1	2	3	4	5	6	7					
M	O	B	I	L	E									

9. What is your email address?

M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E			

SAMPLE

10. How are you related to the deceased person?

11. Are you responsible for paying the funeral bill?

 Yes No

If 'Yes', attach the funeral bill or receipt of payment in your own name.

If 'No', do you have permission from the next-of-kin to apply for a Bereavement Grant?

 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.

12. Please give the address you last lived at, while insurably employed if different from Q7 on previous page?

Complete this part if the deceased person you are claiming a Bereavement Grant for was aged 18 or over.

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?

16. What was their birth surname (surname before marriage) if different?

17. What was their date of birth?

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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18. If married, when did they get married?

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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19. If they lived at another address before the one given above, give details here:

20. What date did they die?

Day Month Year

Attach the death certificate. We do not accept photocopies.

21. What was their old social insurance number?

This number was used before 1979 - if no number write 'none'.

22. Their occupation?

23. Did the deceased person work in Ireland?

Yes No

If 'Yes', please state:

Employer's name

Duration of employment

From To

24. Was the deceased person getting any payment or pension or allowance from this Department or from the Health Service Executive?

Yes No

If 'Yes', please state:

Claim or reference number

Name of Payment

25. Did the deceased person ever work and pay social insurance in another country?

Yes No

If 'Yes', please state:

In some countries residence alone can provide cover for social insurance.

Country where they worked or lived	Their address while there	Their social insurance number	Period(s) covered by social insurance	
			From	To

Part 3

Details of deceased person's spouse or partner

26. Was the deceased person:

- Married
 Widowed
 Separated
 Divorced
 Cohabiting

If you have ticked one of the boxes at Q26, please state:

27. Their spouse's or partner's full name?

Surname
First name(s)

28. Their spouse's or partner's birth surname (surname before marriage) if different?

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29. Their spouse's or partner's address (either a current address or their last address while in insurable employment)?

Address

30. Their spouse's or partner's date of birth?

<input type="text"/>	Day	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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31. Their spouse's or partner's date of death (if applicable)?

<input type="text"/>	Day	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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32. Their spouse's or partner's PPS No.?

Figures							Letter(s)	
<input type="text"/>								

33. Their spouse's or partner's old social insurance number, if any?

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This number was used prior to 1979 - if no number write 'none'.

34. Their occupation?

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35. Did the deceased person's spouse or partner work in Ireland?

- Yes
 No

If 'Yes', please state:

Employer's name

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Length of employment

From	To
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36. Did the deceased person's spouse or partner ever work and pay social insurance in another country?

- Yes
 No

If 'Yes', please state:

In some countries residence alone can provide cover for social insurance.

Country where they worked or lived	Their address while there	Their social insurance number	Period(s) covered by social insurance	
			From	To

Complete this part if the deceased person was under age 18 or aged between 18 and 22 and in full-time education.

Please state:

37. What was the child's full name?

Surname
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:

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His address (if different to above):

His date of birth:

		Day			Month					Year
--	--	-----	--	--	-------	--	--	--	--	------

His PPS No.:

Figures							Letter(s)	

Social Welfare claim number, if any:

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Mother's details

Her full name:

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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:

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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:

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Claim or reference number:

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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:

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.**



Data Protection and Freedom of Information

We, the Department of Social and Family Affairs, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies in accordance with law.

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