



Widow's, Widower's or Surviving Civil Partner's Contributory Pension

What is Widow's, Widower's or Surviving Civil Partner's Contributory Pension?

Widow's, Widower's or Surviving Civil Partner's Contributory Pension is a social insurance based payment made on the death of a spouse or civil partner. You should make your claim within six months of becoming eligible or you may lose some payment.

If you live in Ireland and you or your late spouse have paid social insurance in an EU country, the UK or a country with which Ireland has a Bilateral Social Security Agreement, we will apply for a pension to that country on your behalf.

How do I qualify?

You must:

- Be widowed or a surviving civil partner;
- Not be living with another person as a couple; and
- Satisfy certain social insurance contribution conditions on either your or your late spouse or civil partner's social insurance record.

What do I need to complete this application form?

You will need your Personal Public Service (PPS) Number along with information on where you live, your children and where you want your payment to issue.

How to complete this application form?

- Use this page as a guide to filling in this form. There is an example on the back.
- Use BLACK ballpoint pen.
- Use BLOCK LETTERS and place an X in the relevant boxes.
- Answer all questions that apply to you, leave blank any that don't apply.
- Fill in Parts 1 to 8 of this form.
- Read Part 9 Checklist and sign the declaration in Part 1.

How do I apply?

Send this completed form to:

WCP Section
Department of Social Protection
Social Welfare Services
College Road
Sligo
F91 T384

If you need any help to complete this form, please contact Widow(er)'s and Surviving Civil Partner's Contributory Pension Section, your local Intreo Centre, Social Welfare Office or any Citizens Information Centre. You can find the name and address of your local Intreo Centre or Social Welfare Office by visiting www.gov.ie/intreocentres For more information, visit www.gov.ie/wcp

How to fill in this form

To help us process your application:

- Write letters and numbers clearly; and
- Use one box for each letter or number.

Please see examples below on how to fill in the first page of this form.

1. Your PPS Number:

1	2	3	4	5	6	7	T		
---	---	---	---	---	---	---	---	--	--

2. Title, insert an X or specify: Mr

☐

Mrs

☒

Ms

☐

Other

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

3. Surname:

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

4. First names:

M	A	U	R	E	E	N											
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

5. Your first names as appears on your birth certificate:

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

6. Birth surname:

M	C	D	E	R	M	O	T	T									
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

7. Your date of birth:

2	8			0	2			1	9	7	0
D	D			M	M			Y	Y	Y	Y

8. Your mother's birth surname:

K	E	L	L	Y													
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact Details

9. Your address:

1		N	E	W		S	T	R	E	E	T								
O	L	D			T	O	W	N											
D	O	N	E	G	A	L		T	O	W	N								
County		D	O	N	E	G	A	L			Eircode		F	9	4	T	C	0	3

10. Your telephone number:

0	8	8	1	2	3	4	5	6	7
Mobile									
0	2	8	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



Widow's, Widower's or Surviving Civil Partner's Contributory Pension

Part 1

Your own details

1. Your PPS Number:

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

2. Title, insert an X or specify: Mr ☐Mrs ☐Ms ☐

Other

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

3. Surname:

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

4. First names:

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

5. Your first name as it appears on your birth certificate:

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

6. Birth surname:

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

7. Your date of birth:

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

D D

M M

Y Y Y Y

8. Your mother's birth surname:

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

Contact Details

9. Your address:

County

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

Eircode

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

10. Your telephone number:

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

Mobile

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

Landline

11. Your email address:

Declaration

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, I will be required to repay any payment I receive from the department and that I may be prosecuted. I undertake to immediately advise the department of any change in my circumstances which may affect my continued entitlement.

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

Signature not block letters.

Date:

--	--	--	--

D D

--	--	--	--

M M

2	0		
---	---	--	--

Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part 1 continued

Your own details

12. Your country of birth:

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

13. What date did you get married or enter into a civil partnership?

D	D	M	M	Y	Y	Y	Y		

14. What date did your spouse or civil partner die?

D	D	M	M	Y	Y	Y	Y		

15. Did they die as a result of a work-related accident or disease?

☐ Yes ☐ No

16. Have you cohabited since the death of your spouse or civil partner?

☐ Yes ☐ No

If **Yes**, please state period of cohabitation:

From:

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

To:

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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Part 2

Your work and claim details

17. Did you work in Ireland before 1979?

☐ Yes ☐ No

If **Yes**, state your Social Insurance number or addresses you lived at during this time:

Your Social Insurance number:

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

Address:

18. Please give details of all your employments in Ireland:

Employer's name:

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

Employer's address:

Job title:

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

Dates you worked there:

From:

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

To:

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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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

19. Are you currently employed on a Community Employment Scheme?

☐

Yes

☐

No

Start date:

D D

M M

Y Y Y Y

20. If you were ever self-employed in Ireland, please state:

Dates of
self-employment:

From:

D D

M M

Y Y Y Y

To:

D D

M M

Y Y Y Y

21. If you have ever lived or worked outside of Ireland, please give details below:

Country:

Employer's name:

Your address while living
or working there:

Your social insurance
number while there:

Dates you lived
or worked there:

From:

D D

M M

Y Y Y Y

To:

D D

M M

Y Y Y Y

Type of work:

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

22. Are you getting a payment from this department?

☐

Yes

☐

No

Name of payment:

23. If you have not claimed within six months of your spouse's or civil partner's death, give reasons why you did not claim earlier:

Part 3

Your payment details

You can get your payment direct to your post office or financial institution. An account must be in your name or jointly held by you. Please complete one option below.

Financial Institution

You will find the details requested below printed on statements from your financial institution.

[illegible]

Bank Identifier Code (BIC):

[illegible]

Names of account holders:

[illegible]

Name 2, if any:

Post Office

Please enter below the name and address of the post office where you wish to collect your payment.

[illegible]

Part 4

Details of your children

24. How many children living with you, do you wish to claim for?

--	--

 under 18 years of age.

		18-22 years of age in full-time education
--	--	---

You must attach written confirmation from the school or college for any children 18-22 years of age in full-time education.

Please state childrens:

PPS Number:

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

PPS Number:

PPS Number:

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

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

Fuel Allowance

This allowance is subject to a means test of all people living in your household, including yourself. Only one person in a household can get this allowance.

25. Do you wish to apply for a Fuel Allowance?

☐ Yes ☐ No

If **No**, go to Part 6.

If **Yes**, complete the remainder of this section. Do not leave any question blank.
If no income, enter 0 in each of the amount boxes.

26. Your details:

Gross weekly income: € , .

Provide documentary evidence of all sources of income.

Total savings and investments: € , .

Provide current statements of all savings and investments.

Value of properties,
other than family home: € , , .

Provide documentary evidence of all other properties you have including address and valuation.

Weekly rent from properties, other than family home: € , .

Provide documentary evidence of all rents from other properties.

Annual profit from business: € , .

Provide documentary evidence such as the last available set of accounts.

27. The following people live with me:

Name: _____

PPS Number:

Gross weekly income: € , .

Total savings, investments and property value, other than family home: € , .

Annual profit from business: € , .

You may be asked to supply documentary evidence of all income.

A separate sheet of paper can be used to provide details of any other members of your household.

28. If fuel allowance is awarded how do you want to get your payment? Place an **X** in one box only.

☐ Two payments for the Fuel Season or ☐ Weekly during the Fuel Season

Living Alone Increase

This allowance is payable if you qualify for a Widow's, Widower's or Surviving Civil Partner's Contributory Pension, are aged 66 or over and live alone or mainly alone.

29. If you wish to claim a Living Alone Increase, please state:

Date you started living alone:

D

D

M

M

Y

Y

Y

Y

Extra Benefits

Visit www.gov.ie for more information on extra benefits available.

Part 6

Your late spouse's or civil partner's details

30. Their PPS Number:

31. Title, insert an X or specify:

Mr

Mrs

Ms

Other

32. Their surname:

33. Their first names:

34. Their birth surname:

35. Their date of birth:

D

D

M

M

Y

Y

Y

Y

36. Their mother's birth surname:

37. If they were getting any payment from this department, please state:

Name of payment:

Your late spouse's or civil partner's work details

☐ Yes ☐ No

Their Social Insurance
number:

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

[illegible]

39. Please give details of all their employments in Ireland:

[illegible][illegible][illegible]

From:

--	--	--	--

To:

--	--	--	--

D D

M M

Y Y Y Y

40. If they have ever lived or worked outside of Ireland, please give details below.

[illegible][illegible][illegible][illegible]

From:

--	--	--	--

To:

--	--	--	--

D D

M M

Y Y Y Y

[illegible]

Page 7

Your details

41. Have you ever obtained a State annulment?

☐

Yes

☐

No

If **Yes**, attach a copy of the order granting the annulment.

42. Have you ever been divorced or had a civil partnership dissolved?

☐

Yes

☐

No

If **No**, go to question 46.

If **Yes**, complete the following details:

43. Date you married or entered in to a civil partnership:

D D

M M

Y Y Y Y

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

Date divorce or dissolution proceedings started:

D D

M M

Y Y Y Y

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

44. Details of the spouse you are divorced from or your former civil partner.

Their surname:

Their first names:

Country they were born in:

Country they lived in when divorce or dissolution proceedings started:

Attach a copy of the absolute divorce decree or decree of dissolution of civil partnership certificate.

45. Have you ever been divorced or had a civil partnership dissolved from anyone else?

☐

Yes

☐

No

If **Yes**, please give details on a separate sheet of paper.

Your late spouse or civil partner's details

46. Did your late spouse or civil partner ever obtain a State annulment?

☐ Yes ☐ No

If **Yes**, attach a copy of the order granting the annulment.

47. Was your late spouse or civil partner ever divorced or did they have a previous civil partnership dissolved?

☐ Yes ☐ No

If **No**, go to Checklist in Part 9.

If **Yes**, complete the remainder of this section. Do not leave any question blank.

48. Their details:

Date of marriage or civil partnership:

D D M M Y Y Y Y

Country in which they were married or entered in to a civil partnership:

Date divorce or dissolution proceedings started:

D D M M Y Y Y Y

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

49. Details of the spouse they were divorced from or their former civil partner:

Their surname:

Their first names:

Country they were born in:

Country they lived in when divorce or dissolution proceedings started:

Attach a copy of the absolute divorce decree or decree of dissolution of civil partnership certificate.

50. Was your spouse or civil partner divorced from anyone else or did they have a civil partnership dissolved?

☐ Yes ☐ No

If **Yes**, please give details on a separate sheet of paper.

Ensure you enclose all documents requested as failure to do so may delay your application.

Include the following original certificates **only** if the events mentioned below occurred outside of the Republic of Ireland:

- Your birth certificate.
- Your marriage certificate or civil partnership or civil union registration certificate.
- Your spouse's or civil partner's death certificate. If you do not have a death certificate for them, a coroner's report or a death notice from a newspaper is also accepted.
- Your children's birth certificates if applying for an increase for them.
No birth certificate is needed if you are already getting Child Benefit.

Have you enclosed the following?

- Absolute divorce decree or decree of dissolution of civil partnership certificate.
- Copy of the order granting State annulment.
- If you are claiming for dependant children 18 to 22 years of age, a letter from their school or college.

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact:

- Widow(er)'s and Surviving Civil Partner's Contributory Pension Section;
- Your local Intreo Centre;
- Your local Social Welfare Office; or
- Any Citizen Information Centre.

You can find the name and address of your local Intreo Centre or Social Welfare Office by visiting: **www.gov.ie/intreocentres**

Send this completed application form to:

WCP Section
Social Welfare Services
Department of Social Protection
College Road
Sligo
F91 T384

Telephone: (071) 915 7100 or 0818 200 400

If you are calling from outside of Ireland please call + 353 71 915 7100

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at **www.gov.ie/dsp/privacystatement** or in a hard copy.

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