

# Widow's, Widower's or Surviving Civil Partner's (Non-contributory) Pension



## What is Widow's, Widower's or Surviving Civil Partner's (Non-contributory) pension?

Widow's, Widower's or Surviving Civil Partner's (Non-contributory) Pension is a means tested payment payable to a widow, widower or surviving civil partner who does not qualify for the Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension. It is payable to persons under age 66 with no dependent children.

## How do I qualify?

To qualify for Widow's, Widower's or Surviving Civil Partner's (Non-contributory) Pension you must:

- be a widow, widower or surviving civil partner;
- be under 66 years of age;
- have no dependent children;
- not be cohabiting with another person; **and**
- be habitually resident in the State.

If you:

- are 66 years of age or over you may apply for the State Pension (Non-contributory).
- have dependent children you may apply for the One-Parent Family Payment or Jobseeker's Transitional Payment.

## How to complete this application form?

You need a Personal Public Service (PPS) Number before you apply.

There are examples on the back of this page that can be used as a guide to fill in this form. Please:

- write with a **black** ballpoint pen, use **capital letters** and place an **X** in the relevant boxes;
- complete **Part 5** if you wish to apply for Fuel Allowance;
- read and sign the declaration in **Part 9**; and
- read the checklist in **Part 10**.

## How do I apply?

Send this completed form to:

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

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

## How can I get help and further information?

If you need any help to complete this form, please contact the Widow's, Widower's or Surviving Civil Partner's (Non-contributory) Pension section by email at [wwscpnpc@welfare.ie](mailto:wwscpnpc@welfare.ie) or by calling **0818 200 400 or 071 915 7100**.

Your local Intreo Centre, Social Welfare Office or any Citizens Information Centre can also help. You can find the name and address of your local Intreo Centre or Social Welfare Office at [www.gov.ie/intreocentres](http://www.gov.ie/intreocentres).

For more information, visit [www.gov.ie/wncp](http://www.gov.ie/wncp).

## How to fill in this form

To help us process this form please write letters and numbers clearly and use one box for each. Please see examples below.

### Part 1

### Your details

1. 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. Date of birth:

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

8. Mother's birth surname:

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

9. 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	2	P	C	0	2

10. Telephone numbers:

0	8	6	1	2	3	4	5	6	7				Mobile
0	1	8	4	7	7	9	7	8	3				Landline

11. Email address:

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

# SAMPLE

Application form for

# Widow's, Widower's or Surviving Civil Partner's (Non-contributory) Pension

Social Welfare Services

WP 1

Data Classification R



Part 1

Your details

1. PPS Number:

2. Title insert an X or specify

Mr  Mrs  Ms  Other

3. Surname:

4. First names:

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

6. Birth surname:

7. Date of birth:

D D M M Y Y Y Y

8. Mother's birth surname:

9. Address:

County

Eircode

10. Telephone numbers:

Mobile

Landline

11. Email address:

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

D D M M Y Y Y Y

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

D D M M Y Y Y Y

Widow's, Widower's or Surviving Civil Partner's (Non-contributory) pension is a means tested payment. You are legally obliged to declare all your means which include for example, money in cash, in financial institutions, savings, shares, bonds, funds, property, other than your own home, and foreign pensions

Please include written evidence such as statements and payslips with your application.

14a. Have you ever been employed in Ireland? ☐ Yes ☐ No

If **yes**, please give details of all employments in Ireland, starting with your **first** employer:

Employer 1

Employer's name:

Employer's address:

County

Eircode

Job title:

Dates you worked there:

From:

To:

D D M M Y Y Y Y

Employer 2

Employer's name:

Employer's address:

County

Eircode

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.

14b. Are you employed at present?

☐ Yes☐ NoIf **yes**, please state:

Employer's name:

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

Employer's address:

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

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

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County

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Eircode

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Gross weekly pay:

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**Gross weekly pay** is your pay **before** tax, PRSI or other deductions.

15a. Were you ever self-employed in Ireland?

☐ Yes☐ NoIf **yes**, please state:Dates of  
self-employment:

From:

--	--

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To:

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D D

M M

Y Y Y Y

15b. Are you self-employed at present?

☐ Yes☐ NoIf **yes**, please state:

Type of work you do:

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

Date you started  
self-employment:

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D D

M M

Y Y Y Y

Net yearly earnings:

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**Net yearly income** is money you have made **after** deducting operating expenses.

16. Have you ever claimed a payment from this department before?

☐ Yes☐ NoIf **yes**, please state:

Type of payment claimed:

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

Your claim or reference  
number:

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

Your address at that time:

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

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

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County

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Eircode

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

☐ Yes☐ No

18. Are you getting any other pension or allowance?

☐ Yes☐ NoIf **yes**, please state:

Who pays this pension:

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

Claim or reference number:

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

Weekly amount:

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Please attach the most **recent** payslip or letter from the people who pay you confirming the above amount and also provide a 3 month bank statement for the account to which this payment is made.

19. Are you getting a social security payment from another country?

☐ Yes☐ NoIf **yes**, please state:

Name of country:

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

Claim or reference number:

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Weekly amount:

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Please attach the most **recent** payslip or letter from the social security agency confirming the above amount and also provide a 3 months bank statements for the account to which this payment is made.

20. Have you ever lived or worked outside of Ireland?

☐ Yes☐ NoIf **yes**, please give details below. We will notify other countries covered by EU Regulations or Bilateral Agreements that you may be entitled to a pension from them.

Employer's name:

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

Address while living working there:

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

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

Postcode

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

Country

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

Social insurance number while there:

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Dates you worked there: From:

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

To:

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

D D

M M

Y Y Y Y

Type of work:

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

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

21. Do you own, share in the ownership, work or rent a farm or land?

☐ Yes☐ NoIf **yes**, please state:

Size of farm or land:

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 acres

Net yearly income or rent from farm or land:

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**Net yearly income** is money you have made from the farm **after** deducting operating expenses.

- If **yes**, please state:

Please attach a statement to show details and current market value.

- If **yes**, please state:

## Financial Institution 1

[illegible][illegible]

Is this account a joint account? ☐ Yes ☐ No

[illegible][illegible]

## Financial Institution 2

[illegible][illegible][illegible]

Is this account a joint account? ☐ Yes ☐ No

[illegible][illegible]

**Notes:**

- Page 5

24. Do you have property apart from your home?

☐ Yes

☐ No

If **yes**, please state:

Type of property:

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

Address of property:

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

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County

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Eircode

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Current market value:

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Weekly rent from this property:

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**Notes:**

- **Property** is an apartment, business property, another house or land other than that mentioned at question 21
- Please provide a valuation of the property from a registered auctioneer or valuer.

25. Are you paying a mortgage, a housing loan, or rent for your home?

☐ Yes

☐ No

If **yes**, please state:

How much do you pay a week:

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Please attach documentary evidence.

26. Are you paying maintenance?

☐ Yes

☐ No

If **yes**, please state:

Weekly amount:

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Please provide a copy of the maintenance agreement.

27. Are you receiving maintenance?

☐ Yes

☐ No

If **yes**, please state:

Weekly amount:

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Please provide a copy of the maintenance agreement.

28. Do you have any other income?

☐ Yes

☐ No

If **yes**, please give details in the box below:

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29. Did you ever sell or transfer any property or business?

☐ Yes

☐ No

If **yes**, please give details in the box below and attach a copy of the deed of transfer:

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☐ Yes ☐ No

☐ Yes      ☐ No

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## Habitual Residence Condition

☐ Yes      ☐ No

☐ Yes      ☐ No

[illegible][illegible]

☐ Yes      ☐ No

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D D

M M

Y Y Y Y

## Part 4

## Your payment details

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

### Post Office

Name:

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

Address:

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

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County

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Eircode

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If you are unable to collect or cash your payment at the post office and you want someone else, known as an agent, to do so for you, please complete the form: Authority to appoint an agent. This form is available to download at [www.gov.ie/appointagent](http://www.gov.ie/appointagent). You can also get this form from your local Intreo Centre or Social Welfare Office or any Citizen's Information Centre.

### Financial Institution

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

Name of financial institution:

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Bank Identifier Code (BIC):

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

International Bank Account Number (IBAN):

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

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Names of account holders:

Name 1:

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

Name 2 (if any):

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

## Part 5

## Fuel Allowance

Fuel Allowance is subject to your household composition. Only one person in a household can get it.

**36.** 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 **Part 5**. Do not leave any question blank. If no income, please enter 0 in each box.

**37.** The following people live with me:

### Person 1

Surname:

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

First names:

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

PPS Number:

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

Relationship to you:

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☐ Employed      ☐ Self-employed

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☐ In receipt of a social protection payment ☐ Other

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[illegible][illegible]

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☐ Employed      ☐ Self-employed

☐ Employed      ☐ Self-employed

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☐ In receipt of a social protection payment ☐ Other

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## Extra benefits

Page 9

## Part 6

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

38. PPS Number:

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39. Title insert an **X** or specify:

Mr ☐

Mrs ☐

Ms ☐

Other

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

40. Surname:

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

41. First names as appears  
on their birth certificate:

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

42. Birth surname:

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

43. Date of birth:

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

D D

M M

Y Y Y Y

44. Mother's birth surname:

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45. Address:

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

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County

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Eircode

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**Note:** Only answer this question if you were married or in a civil partnership and did not live together.

## Part 7

## Your late spouse's or civil partner's work and claim details

46. Were they getting any payments from this department or from the Health Service Executive?

☐ Yes

☐ No

If **yes**, please state:

Name of payment:

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

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

☐ Yes

☐ No

48. Were they employed in Ireland?

☐ Yes

☐ No

If **yes**, please give details of all their employments in Ireland, starting with their first employer:

### Employer 1

Employer's name:

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

Employer's address:

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

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County

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Eircode

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Job title:

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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

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

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[illegible]

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Page 11

51. 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.

52. If **yes**, was the divorce or dissolution granted in Ireland?

☐ Yes

☐ No

53. If **no**, please state:

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

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

Their first names:

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

Country they were born in:

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

Date you married or entered  
a civil partnership with them:

D	D	M	M	Y	Y	Y	Y												

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

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

Date divorce or dissolution  
proceedings started:

D	D	M	M	Y	Y	Y	Y												

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

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

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

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

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

☐ Yes

☐ No

54. Have you ever obtained a state annulment?

☐ Yes

☐ No

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

55. Was your late spouse or civil partner ever  
divorced or in a previous civil partnership?

☐ Yes

☐ No

If **yes**, please attach a copy of the Decree Absolute, Decree of Divorce or Decree of Dissolution.

56. If **yes**, was the divorce or dissolution granted in Ireland?

☐ Yes

☐ No

If **no**, please state:

The surname of the spouse  
from whom they were  
divorced or their former civil  
partner:

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

## Part 8 continued

## Divorce or Dissolution of civil partnership or civil union and annulment details

Their spouse's or civil partner's first name:

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

Country their spouse or civil partner was born in:

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

Date your late spouse or civil partner married or entered into a civil partnership with them:

D	D	M	M	Y	Y	Y	Y

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

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

Date divorce or dissolution proceedings started:

D	D	M	M	Y	Y	Y	Y

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

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

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

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

Did your late spouse or civil partner remarry or enter into a civil partnership since their divorce or dissolution?

☐ Yes ☐ No

57. Has your spouse or civil partner ever obtained a State annulment?

☐ Yes ☐ No

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

## Part 9

## 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, that 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.

If you cannot sign your name, make a mark, such as an **X** and have it witnessed.

--

Signature **not** capital letters.

Date: 

				2	0	2	
D	D	M	M	Y	Y	Y	Y

--

Date: 

				2	0	2	
D	D	M	M	Y	Y	Y	Y

Signature of witness **not** capital letters.

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

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

If you:

- were **employed** during the last 12 months, submit your most recent payslips.
- have **money or investments** in financial institutions, submit statements from all institutions showing the last three months transactions and the name and address of the account holders. Internet printouts are not accepted.
- are receiving any **pensions**, submit your recent advice slips.
- are the holder of an **Irish Residence Permit (IRP)**, submit a copy of the card and your letter from the Department of Justice.
- want to claim for **Fuel Allowance**, ensure you have completed question 36 and 37.

If you were **born, married or entered into a civil partnership or a civil union outside of Ireland**, please submit:

- your birth certificate.
- your marriage certificate or civil partnership or civil union registration certificate.
- Divorce Decree (Decree Absolute) certificate or Decree of Dissolution of civil partnership.
- your spouse's or civil partner's birth certificate.
- your spouse's or civil partner's death certificate. If you do not yet have a death certificate for them. A Coroner's report or a death notice from a newspaper is also accepted.
- copy of order granting annulment.

Please submit **original certificates** only.

### 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](http://www.gov.ie/dsp/privacystatement) or in hard copy.

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