



# Supplementary Welfare Allowance Assistance towards Funeral Expenses

## Part 1

### Your own details

1. Your PPS No.:

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

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

Mr.  Mrs.  Ms.  Other 

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

3. Surname:

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

4. First name(s):

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

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

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

6. Birth surname:

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

7. Your mother's birth surname:

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

8. Your date of birth:

D	D	M	M	Y	Y	Y	Y		

9. Are you the deceased's next of kin?

Yes  No

If 'No', please state your relationship to the deceased:

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

### Contact Details

10. Your address:


County

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

Postcode

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

11. Your telephone number:


MOBILE  
LANDLINE

12. 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, that I will be required to repay any payment I receive from the Department and that I may be prosecuted.

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

Signature (not block letters)

Date:

D	D	M	M	Y	Y	Y	Y	2	0

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

## Part 2

## Deceased person's details

13. Their PPS No.:

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

14. Their surname:

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

15. Their first name(s):

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

16. Their date of birth:

D	D	M	M	Y	Y	Y	Y		

17. Their address:


18. Their date of death:

D	D	M	M	Y	Y	Y	Y		

19. Surname of next of kin:

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

20. First name(s) of next of kin:

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

21. Address of next of kin:


22. Did the deceased make a will?  Yes  No

If 'Yes', please attach a copy.

23. Was or were there assurance policies payable on the death of the deceased?

Yes  No

If 'Yes', please state:

Amount:

€ 

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Please attach a copy or copies and details of any payments received.

24. Did the deceased person have any savings or investments?

Yes  No

If 'Yes', please state:

Amount:

€ 

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Please attach statement(s).

25. Is there any money payable from a Credit or Trade Union (including any applicable insurance policies)?

Yes  No

If 'Yes', please state:

Amount:

€ 

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Please attach statement(s).

26. Did the deceased person own property?

Yes  No

If 'Yes', please attach details

27. Please complete the following in relation to the immediate family members. For example, spouse, civil partner or cohabitant, son(s), daughter(s) or parents.

#### Family member 1

Their surname:

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

Their first name(s):

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

Their address:


Their relationship to the deceased:

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

Their source of income:

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

Their income:

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--	--	--	--

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 a week

#### Family member 2

Their surname:

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

Their first name(s):

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

Their address:


Their relationship to the deceased:

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

Their source of income:

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

Their income:

€ 

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--	--	--	--

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 a week

#### Family member 3

Their surname:

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

Their first name(s):

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

Their address:


Their relationship to the deceased:

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

Their source of income:

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

Their income:

€ 

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 a week

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

