

Application form for Supplementary Welfare Allowance Assistance Towards Funeral Expenses

Social Welfare Services

SWA 5

Data Classification R



Part 1

Your details

1. PPS Number:

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2. Title, insert an **X** or specify:

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Surname:

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

4. First names:

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5. First name as it appears on
your birth certificate:

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6. Birth surname, if different:

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7. Mother's birth surname:

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8. Date of birth:

D	D	M	M	Y	Y	Y	Y		

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

☐ Yes☐ NoIf **no**, please state your
relationship to the deceased:

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10. Address:

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County

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Eircode

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11. Telephone numbers:

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MOBILE

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

LANDLINE

12. Email address:

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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.

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Signature, **not** capital 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 2

Deceased person's details

13. PPS Number:

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14. Surname:

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15. First names:

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16. Date of birth:

D	D	M	M	Y	Y	Y	Y		

17. Address:

County

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Eircode

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18. Date of death:

D	D	M	M	Y	Y	Y	Y		

19. Surname of next of kin:

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20. First names of next of kin:

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

21. Address of next of kin:

County

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Eircode

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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 the 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 the amount:

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Please attach statements.

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

☐ Yes

☐ No

If **yes**, please state the amount:

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Please attach statements.

24. 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 of the deceased. For example, spouse, civil partner or cohabitant, children, or parents:

Family member 1

Surname:

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

First names:

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

Address:

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

County

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Eircode

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Relationship to the deceased:

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Source of income:

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Weekly income:

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Family member 2

Surname:

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First names:

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Address:

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

County

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Eircode

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Relationship to the deceased:

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Source of income:

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Weekly income:

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Family member 3

Surname:

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First names:

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Address:

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County

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Eircode

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Relationship to the deceased:

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Source of income:

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Weekly income:

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Notes:

- A separate sheet of paper can be used for more details if needed.
- Any information supplied may be verified with the persons listed and further information may be required.

28. Did any family members make a contribution towards the cost of the funeral?

☐ Yes

☐ No

If **yes**, please state the amount:

€ , .

If **no**, please give reason or comment:

29. Who made the funeral arrangements?

Their surname:

Their first names:

30. Name of undertaker:

31. Total cost of funeral:

€ , .

32. Amount outstanding:

€ , .

Please attach a detailed funeral account or invoice from the undertaker, including details of any payment plans.

Send this completed application form to:

The Department of Social Protection office administering your Supplementary Welfare Allowance.

For official use only:

Date received:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	2	0
				Y	Y

Received by:

Report/Decision:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	2	0
				Y	Y

Signature, **not** capital letters.

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 hard copy.

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