

**SUPPLEMENTARY WELFARE ALLOWANCE**  
**Application for assistance towards Funeral**  
**Expenses**

(S.W.A. 5 - October 2011)

Office Use  
Date Received  
By Whom

(TO BE USED IN CONJUNCTION WITH S.W.A. 1)

**SECTION 1: APPLICANT**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ P.P.S. No. 

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What was your relationship to the deceased? \_\_\_\_\_

**SECTION 2: DECEASED PERSON'S DETAILS**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ P.P.S. No. 

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2. At what address did the deceased die? \_\_\_\_\_

3. Name and address of the deceased's next of kin: \_\_\_\_\_

4. Did the deceased make a will? (Please tick appropriate box) Yes  No  (If "yes", please attach copy)

5. Was/Were there assurance policies payable on the death of the deceased? (Please tick appropriate box)  
Yes  No  (If "yes", please attach copy/copies and details of any payments received)

6. Did the deceased person have savings/investments? Yes  No  (If "yes", please attach details)

7. Is there any money payable from a Credit/Trade Union? Yes  No  (If "yes", please attach details)

8. Did the deceased have property? Yes  No  (If "yes", please give details)

9. What was the deceased's weekly income(s) and the sources(s) of it/them? \_\_\_\_\_

10. Has a Social Welfare Bereavement Grant been applied for? Yes  No

**IT IS AN OFFENCE TO GIVE FALSE OR MISLEADING INFORMATION.**  
**INFORMATION MAY BE SHARED WITH OTHER BODIES IN ACCORDANCE WITH LAW.**

**SECTION 3: THE DECEASED'S FAMILY DETAILS**

- please complete the following in relation to the

immediate family members (e.g. spouse, civil partner or cohabitant, son(s), daughter(s), parents).

Full Name	Address	Relationship to the Deceased	Weekly Income €	Source of Income

1. Are any contributions towards the cost of the funeral forthcoming from family members? (Please tick)

YES  Amount € \_\_\_\_\_ No  Comment/Reason \_\_\_\_\_

\_\_\_\_\_

2. Who made the Funeral Arrangements? \_\_\_\_\_

3. Name and Address of the Undertaker? \_\_\_\_\_

4. Total cost of the Funeral € \_\_\_\_\_ Amount Outstanding? € \_\_\_\_\_

**N.B. PLEASE ATTACH A DETAILED FUNERAL ACCOUNT FROM THE UNDERTAKER**

*I wish to apply for a contribution towards the funeral expenses of the deceased. I declare that the information furnished is accurate and complete and I am aware that the making of a false or misleading statement is an offence punishable by law. I understand that I have a right to appeal against any decision on this application.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant****OFFICE USE ONLY**

Report/Recommendation: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Decision \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_