

**SUPPLEMENTARY WELFARE ALLOWANCE**  
**Application for assistance towards Funeral Expenses (SWA 5 — 12/2001)**

Date Received \_\_\_\_\_  
By Whom \_\_\_\_\_

**(TO BE USED IN CONJUNCTION WITH SWA1)**

**SECTION 1: APPLICANT**

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

Address: \_\_\_\_\_ P.P.S. No.   
(Formerly R.S.I. No.)

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.   
(Formerly R.S.I. No.)

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 or 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 source(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/partner, 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**

C.W.O.'s Report/Decision: \_\_\_\_\_

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

**Community Welfare Officer**

SCWO Decision \_\_\_\_\_

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

**Superintendent Community Welfare Officer**