



Replacement Social Services Card or Pension/Benefit/Allowance Book

This form should be completed as follows:

- Your own details and details about the Card/Book that is lost/stolen/destroyed must be given at PART 1.
- You must have PART 2 completed and stamped at the Post Office where you cash your payment.
- You must have PART 3 signed and stamped at your local Garda Station.

If you are having difficulty maintaining/cashing your book of payable orders it may be possible to have your payment paid direct to your Bank/Post Office account (this is known as Direct Payment). For more information please contact the Department at the relevant address or by telephone - details given at the back page of this form.

- Please use BLOCK LETTERS and place a tick (✓) in the relevant boxes.
- Please answer ALL questions fully.

REMEMBER: If you complete and return this form immediately, it will help us to send you a Replacement Card/Book without delay - addresses are listed on the back page of this form.

PART 1

Your Own Details

Please state:

4. Your Full Name	First Name(s)										
'Maiden Name' is your name before you married if you are a woman.	Last Name										
	Maiden Name (if any)										
5. Where do you live?	Address										
6. Telephone Number (if any)	<table border="1"> <tr> <td>Home Code</td> <td>Local Number</td> </tr> <tr> <td>Work Code</td> <td>Local Number</td> </tr> </table>	Home Code	Local Number	Work Code	Local Number						
Home Code	Local Number										
Work Code	Local Number										
7. Your Date of Birth	<table border="1"> <tr> <td> </td> <td> </td> <td>DAY</td> <td> </td> <td> </td> <td>MTH</td> <td> </td> <td> </td> <td> </td> <td>YR</td> </tr> </table>			DAY			MTH				YR
		DAY			MTH				YR		

continued overleaf

PART 1 continued

Your Own Details

8. If you have changed address recently please state your previous address

Other Address

9. Give details here of your lost, stolen or destroyed Pension/ Benefit/Allowance book

Book 1

Type of Payment book which is lost/stolen/destroyed

Name of Payment

Weekly Amount you are paid

Amount €

a week

| DAY | MTH | | YR

Date of last order cashed by you

How was your book lost/ stolen/destroyed?

Reason(s) for loss of book:

Book 2

Type of Payment book which is lost/stolen/destroyed

Name of Payment

Weekly Amount you are paid

Amount €

a week

| DAY | MTH | | YR

Date of last order cashed by you

How was your book lost/ stolen/destroyed?

Reason(s) for loss of book:

10. Please give Name and Address of Post Office which you use to cash your payment

Post Office Name

Address

11. Have you claimed Supplementary Welfare Allowance (SWA) from the Health Board since your book was lost/stolen/destroyed?

YES

NO

| DAY | MTH | | YR

If YES please state:

Date you claimed SWA

Amount €

a week

Amount you were paid

PART 2

To be completed at Post Office where you cash your payment

I certify that the person named at PART 1 has reported the loss/theft/destruction of his/her:

Social Services Card
 Social Welfare Pension/Benefit/Allowance book(s)

at this Post Office.

For and on behalf of Postmaster.

SIGNED

(NOT block letters)

DATE

Post Office Official Stamp

PART 3

To be completed at Garda Station

I certify that the person named at PART 1 has reported the loss/theft/destruction of his/her:

Social Services Card
 Social Welfare Pension/Benefit/Allowance book(s)

at this Garda Station.

For and on behalf of Station Officer in Charge.

GARDA'S
SIGNATURE

(NOT block letters)

DATE

Garda Station Official Stamp

PART 4

Declaration to be completed by YOU

I declare that all the details I have given are true and complete.

I undertake to tell the Department of Social, Community and Family Affairs if my Social Services Card or Pension/Benefit/Allowance book(s) reported in this form is/are returned or found by me. I will NOT cash any orders from the book(s) returned or found without the prior agreement of the Department.

I understand that I will have to refund to the Department of Social, Community and Family Affairs any overpayment which may occur as a result of duplicate payment of Pension/Benefit/Allowance received by me.

→ You MUST sign here:

YOUR Signature
or Mark

(NOT block letters)

DATE

If the claimant is unable to sign, his/her mark should be made and witnessed. The witness should sign below:

SIGNATURE OF
WITNESS

(NOT block letters)

DATE

ADDRESS OF
WITNESS

WARNING: Penalty for false statement or withholding information: Fine or Imprisonment or both.

This completed form should be sent to the appropriate address overleaf →

This completed Application Form should be sent to:

If your payment book was for:

- Old Age (Contributory) Pension
- Old Age (Non-Contributory) Pension
- Retirement Pension
- Widow's or Widower's (Contributory) Pension
- Widow's or Widower's (Non-Contributory) Pension
- Blind Person's Pension
- Orphan's (Contributory) Allowance
- Orphan's (Non-Contributory) Pension
- Deserted Wife's Benefit
- Deserted Wife's Allowance
- Prisoner's Wife's Allowance
- One-Parent Family Payment

Send this form to:

Pension Services Office
Department of Social,
Community and Family Affairs
College Road
Sligo.
Tel: Sligo (071) 69800
Dublin (01) 704 3000

- Invalidity Pension
- Disability Allowance
- Family Income Supplement
- Carer's Allowance
- Carer's Benefit

Social Welfare Services Office
Department of Social,
Community and Family Affairs
Ballinalee Road
Longford.
Tel: Longford (043) 45211
Dublin (01) 704 3000

- Child Benefit

Social Welfare Services Office
Department of Social,
Community and Family Affairs
St. Oliver Plunkett Road
Letterkenny
Co. Donegal.
Tel: LoCall 1890 400 400
Letterkenny (074) 25566
Dublin (01) 704 3000

Data Protection and Freedom of Information

The Department of Social, Community and Family Affairs will treat all information and personal data which you give as confidential. It will only be disclosed to other bodies in accordance with Social Welfare law and it will be subject to the Department's responsibilities under the Data Protection Act and Freedom of Information Act.