

## **CENTENARIAN BOUNTY**

## **APPLICATION FORM**

The Centenarian Bounty is the award made by the President of Ireland to:

- (i) People living in Ireland who have reached 100 years
- (ii) Irish citizens born on the island of Ireland who have reached 100 years and who are living outside of the State.

People in category (ii) or their representatives should complete this application form.

PLEASE PRINT CLEARLY IN BLOCK CAPITALS.

The following supporting documentation is required to confirm the age, identity, place of birth and Irish citizenship of the applicant:

- Applicant's civil birth certificate and/or Irish passport;
- In cases where an applicant's surname is different from their surname at birth, please provide a copy of the marriage certificate or other relevant documents;
- Two recent proofs of residency (such as official correspondence addressed to applicant regarding pension, utility bills, nursing home paperwork, etc.) The residency documentation must have been issued within the last 3 months.

All documentation must be original, photocopies will not be accepted.

The Bounty is issued by way of a cheque in local currency made payable to the applicant. Therefore in advance of any Bounty being awarded, all applicants must confirm that they have a financial account in their own name to which the bounty payment can be lodged.

Officials of the Department of Foreign Affairs and Trade may seek additional material in order to confirm an applicant's details and will be happy to discuss with applicants, or their representatives, the type of material that will meet the requirement for supporting documentation.

Completed form and supporting documents should be sent to:

NEAREST IRISH EMBASSY/CONSULATE GENERAL (Details available at <u>www.dfa.ie</u>) or

Centenarian Bounty Department of Foreign Affairs and Trade 80 St Stephen's Green Dublin 2 Ireland Tel: (+353 1) 4780822 Fax: (+353 1) 4082026

# CENTENARIAN BOUNTY APPLICATION FORM

(FOR APPLICANTS RESIDENT OUTSIDE THE STATE)				
1. APPLICAN	<b><b>F'S DETAILS</b></b>			
Name		-		_
Name at Birth (if a	different from above)			-
Date of Birth	/	/		
	/(day) (month)	(year)	1120	
Place of Birth			and the second second	_
	(town)		(county)	
<b>Current Resident</b> (please include postco	ial Address de/zip code if applicable)			
Country of Reside	ence		10/100	
Telephone No				
(please include interno	ational dial codes)			
for the lodgement (The Bounty is issu		ue, in the name o	agements are in place	ти
Please indicate w	hether the Bounty shou	ıld be sent direct	tly to the Applicant's Current	
	ess or to that of the Rep		The second se	
<b>2. DETAILS O</b> ( <i>if the application is</i>	<b>F THE APPLICAN</b> being completed by a rela	<b>T'S REPRES</b> utive or friend)	SENTATIVE	
Please describe th	ne nature of relationship riend, nursing home manager	p with claimant	1/	
Address		1111	11/1-1	
		100	11 Y	
	Cal		1	
	Olin-		0/	
Telephone No	1-18-18-02			
E-mail address (if	available)			

#### CENTENARIAN BOUNTY APPLICATION FORM (FOR APPLICANTS RESIDENT OUTSIDE THE STATE)

### **3. DECLARATION BY APPLICANT/REPRESENTATIVE**

I,	, am an Irish citizen born on the island of Ireland
	name of applicant) or the Centenarian Bounty. I confirm that the details that I have provided in this
application are true a	
Signature of Applic	ant Date
If the above declarati	on is not signed by the Applicant, please explain why
	and
the representative sho	ould complete the section directly below.
I,	, submit this application on behalf
(print n	name of representative)
of the applicant,	
Part of the	(print name of applicant)
who is an Irish citize this application are tr	n born on the island of Ireland. I confirm that the details that I have provided in rue and correct.
Signature of Repres	sentativeDate
You may be contacted member of one of the	o not sign unless satisfied as to the identity of the applicant, <b>not the representative</b> d to confirm the validity of your signature. This section should be completed by a following professions, <b>who is not a relative and currently practising in their</b> ous, Manager of Irish Centre/Community Care organisation, Irish Diplomatic or
i declare that the A	(print name of applicant)
	is currently living at the address given in Section 1 of this application form. ove (Section 3) has been signed in my presence.
Name	Signature
Occupation	Contact Tel. No
Witness Official Stamp	Date of Witnessing Application
	Please return this application form completed, together with the required documentation which confirms the age, identity, place of birth, current residency and Irish citizenship of the claimant. It should be noted that photocopies cannot be accepted. <b>Check list</b>