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|  |  |  |  |  |  |  |  | Application for a funeral allowance |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Fill in the application in capital letters and mark the corresponding details according to this model [x]  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **A** | ***To be completed by the applicant*** *(details of the authorised person who arranged the funeral)* |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Surname |  |  |  |  |  |  |  |  |  |  |  | Name |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Date of birth |  | Birth identification number (Identification number) |  | Nationality |  |
|  |  |  |  |  |  |  |
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|  | [ ]  Address of permanent residence in Slovakia 1) | [ ]  Address of temporary residence in Slovakia 1) |  |  |  |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  | Tel. number |  |  |
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|  | Address of permanent residence (place of residence) in an EU Member State |  |  |  |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  | Tel. number |  |  |
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|  | Country |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **B** | ***Details of the deceased*** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Surname |  |  |  |  |  |  |  |  |  |  |  | Name |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Date of birth |  | Birth identification number (Identification number) |  | Nationality |  |
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|  | [ ]  Address of permanent residence in Slovakia 1) | [ ]  Address of temporary residence in Slovakia 1) |  |  |  |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Address of permanent residence (place of residence) in an EU Member State |  |  |  |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  |  |  |  |
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|  | Country |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Date of death |  |  |  | Place of death |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **C** | ***Method of payment*** |
|  |
|  | Into a bank account in Slovakia | Account number |  |  |  |  |  |  |  |  |  |  | Bank code |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | IBAN |  |  |
|  | In the absence of an account, the allowance will be paid in cash to the address of permanent/temporary\* residence in Slovakia.\*delete as appropriate |  |
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| **D** | ***Statement by the applicant*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I hereby declare that all the information is true and that I am aware of the legal consequences of making false statements in this application. I am aware that I am obliged to repay any amount of the funeral allowance that I obtain unjustly.**Information for the applicant**The Office for Labour, Social Affairs and the Family – organisation reg. No 30794536 – processes your personal data (including the personal data of jointly assessed persons) within the meaning of Act No 238/1998 on funeral allowances, as amended, and further provides those personal data to public authorities. In the event of any ambiguity, problems or questions related to the protection of personal data, please send an email to the following address:**ochranaosobnychudajov@upsvr.gov.sk****.** |  |
|  | In |  | on |  | Applicant’s signature |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **E** | To be completed by the funeral service 2) that provided the funeral arrangements. |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **I confirm that** |  | Name |  | Surname |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of birth |  | Birth identification number (Identification number) |  | Nationality |  |
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|  | [ ]  Address of permanent residence in Slovakia 1) | [ ]  Address of temporary residence in Slovakia 1) |  |  |  |  |  |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  | Tel. number |  |  |
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|  | Address of permanent residence (place of residence) in an EU Member State |  |  |  |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  | Tel. number |  |  |
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|  | Country |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | arranged the funeral of the person identified in Part B of this application who died on |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | and whose funeral took place on |  |  | funeral location |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Expenditure on funeral arrangements in the amount of |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Date |  | Responsible employee |  | Stamp and signature: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **F** | ***Accuracy of the data compared to the original verified by*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Surname |  | Name |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of comparison |  |  |  |  |  |  | Employee’s signature |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  **For the purposes of comparison of the data contained in the application, the applicant shall submit the following** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | * the applicant’s ID card or the applicant’s certificate – residence permit of a foreign national, or the applicant’s certificate of their status of an expatriate Slovak national and passport (foreign nationals and expatriate Slovak nationals).

**The applicant will provide the following supporting documents and certificates with the application:*** confirmation of the competent border and immigration police department of the district police directorate regarding the place of temporary residence of the deceased foreign national in the territory of the Slovak Republic and the period for which the temporary residence was permitted (unless the deceased foreign national was granted the status of an “expatriate Slovak national”);
* **deceased foreign national:** death certificate (original and a photocopy), or an official translation of the death certificate of the foreign national whose death certificate was drawn up in a foreign country, or an official translation of other documents and certificates issued in a foreign language, except for cases where these documents were issued by competent legal persons in the Czech Republic and in the Czech language;
* the deceased person’s certificate of the exercise of gainful activity or of the receipt of pension benefits in the Slovak Republic, if the deceased was a citizen of another Member State and at the time of their death was exercising gainful activity in the territory of the Slovak Republic or was receiving any pension benefits in the territory of the Slovak Republic;
* confirmation of the Ministry of the Interior of the Slovak Republic, if it is a case according to Section 23 (1)(a) to (d) of Act No. 154/1994 on civil registers, i.e. if the death of a Slovak citizen occurred:
1. in a territory of a foreign state;
2. on an Embassy of the Slovak Republic;
3. on a ship or plane outside the territory of the Slovak Republic;
4. in a territory not belonging to any state.
 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Numerical references** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1. please indicate the relevant type of residence in Slovakia according to the model, while temporary residence only applies to non-nationals
2. if the arrangements of a funeral service (crematorium) were not used, the municipality or the cemetery manager (legal entity) where the funeral was performed shall fill in the data in part E of the application. If the funeral took place abroad, the entitled person shall prove the funeral arrangements by officially translated documents on funeral arrangements.
 |  |
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