

**Residential Institutions Redress Board,  
Belfield Office Park,  
Beech Hill Road  
Clonskeagh,  
Dublin 4  
Ireland.**

**RESIDENTIAL INSTITUTIONS REDRESS ACT, 2002  
APPLICATION FORM FOR REDRESS ON BEHALF OF INJURED PERSON  
WHO HAS DIED SINCE 11 MAY 1999**

- **Please complete this form legibly using BLOCK CAPITALS and a black pen**
- **Please tick boxes as appropriate**
- **Please note that failure to complete this form as fully as possible may delay consideration of your application by the Board**
- **Please send the completed form either by registered post or by delivery to the Board's office at the above address**

**1. Details of the Deceased**

Last name: .....

Maiden name: .....

First name(s): .....

Any other name(s) by which known in any institution: .....

Any other first name(s) used: .....

Date of birth: 

Day	Month	Year
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Date of death: 

Day	Month	Year
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Sex: Male  Female

Address at date of death: .....

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P.P.S./National Insurance No: .....

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**2. Evidence of Identity of the Deceased**

- **You must provide the Board with a certified copy of the Deceased’s death certificate**
- *In addition, please provide the originals or solicitor’s certified copy of any two of the following documents as evidence of the Deceased’s identity*

- (a) *Birth Certificate*
- (b) *Marriage Certificate*
- (c) *Pension Book*
- (d) *Social Welfare cards/documentation*
- (e) *Any other official document providing evidence of the Deceased’s identity.*

- *Please note that you may also give oral evidence as to the identity of the Deceased.*

**3. Details of applicant**

- *An application on behalf of a Deceased may only be made by his or her spouse or children*
- *A “spouse” includes a person with whom the person is or was at a time cohabiting*
- *Only one application may be made on behalf of a Deceased.*

Last name (s): .....

Maiden name: .....

First name(s): .....

Relationship to Deceased: .....

Address: .....

.....

.....

Daytime telephone no: .....

- *Having regard to your age and state of health, the Board may be able to give priority to your application. If you wish to be considered for priority –*
  1. *Please attach a certified copy of your own birth certificate, and*
  2. *If you are seriously ill, please ask your medical adviser for a medical report and attach it to this application.*

**4. Evidence of applicant’s relationship to the Deceased**

- *Please provide the Board with documentary evidence of your relationship with the Deceased.*
- *Are you the executor of the Deceased’s will or the person legally responsible for the administration of the Deceased’s estate*

Yes  No

- *If “no” please give the name and address of that person, if known to you.*

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**5. Details of your solicitor (if any)**

- *The reasonable costs and expenses incurred by you relating to the preparation and presentation of your application, including those in relation to your legal representation, if any, will be paid by the Board.*
- *Please note that if you are represented by a solicitor –*
  - (i) *you continue to remain personally responsible for all information provided to the Board*
  - (ii) *all correspondence in connection with your application will be sent directly to your solicitor.*

Solicitor’s name: .....

Business address: .....

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Telephone no: .....

Email address (if any): .....

Signature of solicitor \_\_\_\_\_ & Co.  
(Solicitor for the Applicant)

- Please note that both you and your solicitor must inform the Board immediately if you change your solicitor or if he or she ceases to act for you for any reason

### 6. Institution(s) in which the Deceased was resident

- Please give the names and addresses of all institutions in which the Deceased was resident and the dates of residence as precisely as possible.
- Please also state, if you can, any number given to him or her in the institution.

Name of Institution:	Address:	Dates of residence:		Number given in the Institution
		From:	To:	

- Please note that you may also give oral evidence in relation to the above

### 7. Details of abuse

- Please provide a written account of any sexual, physical or emotional abuse or any neglect which the Deceased suffered while resident in any institution named in this application, and attach it to this form.
- Please note you may also give oral evidence in relation to this abuse.

Please provide the Board with the following details

Place(s) where abuse occurred	Approximate date(s) when abuse occurred	Name(s) of person(s) who committed abuse

**8. Description of injuries resulting from abuse**

- Please provide a written account of the injuries resulting from the abuse with reference to the following:
  - (a) physical or psychiatric injury
  - (b) psychological, social and educational difficulties
  - (c) loss of employment or other opportunity

and attach it to this form

**• YOU MUST PROVIDE THE BOARD WITH MEDICAL REPORTS RELATING TO THESE INJURIES**

- If the Deceased attended any medical or other practitioner or any hospital for treatment of these injuries please provide the following:

Name of practitioner/hospital	Address	Dates attended

**9. Other evidence in support of this application**

You may give oral evidence to the Board concerning the identity of the Deceased, his or her residence in an institution and the abuse which he or she suffered.

Do you wish to do so?

Yes  No

Do you wish the Board to request a person or body to produce an existing document which you have been unable to obtain and which is relevant to the Deceased's identity, residence in any institution, or the abuse or injury which he or she suffered?

Yes  No

If “yes”, please describe the document, and state the person or body from whom it is sought, and the address of that person or body

Description of document:	Person or body from whom document is sought:	Address of that person or body

**10. Civil or criminal proceedings arising from abuse**

Did the Deceased ever make a statement to the Gardai/police about the abuse which he or she suffered?

Yes  No

If “yes” please give details,

Name of Garda/police officer: .....

Garda/Police station: .....

Date when statement made: .....

- Please provide a copy of the statement if available.

Did the Deceased bring any proceedings for damages against any person or body arising out of any matter referred to in this application?

Yes  No

Did the Deceased ever receive damages by way of a settlement or a court award arising out of any matter referred to in this application?

Yes  No

**11. Expenses**

- If you wish to make a claim for medical and other expenses incurred by the Deceased in respect of his or her injuries, you will have to provide full details of such claim to the Board prior to any settlement or hearing.
- A form for giving details of expenses will be provided to you by the Board on request.

**12. Settlement of application by agreement**

**Do you wish the Board to consider the possibility of settling your application without a hearing?**

Yes  No

**13. Interim Award**

**Do you wish to be considered for an interim award?**

Yes  No

**14. Any other information in connection with this application?**

**If you wish to add anything to the information you have given above, please do so in the space below:**

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**14. DECLARATION**

**PLEASE READ THIS SECTION CAREFULLY BEFORE YOU SIGN THIS FORM**

- **I declare that the information I have given in this form is true to the best of my knowledge, and that I understand that I am personally responsible for it.**
- **I understand that the Board may request any person to produce to it any document which may relate to this application.**
- **I agree to inform the Board if I receive damages or compensation from any source for any or all of the injuries in respect of which this application is made.**
- **I agree to give the Board full assistance in the conduct of this application.**
- **I understand that this application and all attachments may be provided to any person or the representatives of any institution named in this application.**

**Signature of applicant:** .....

**Date:** .....

**PLEASE NOTE:**

- (a) **Giving false information or evidence to the Board is an offence,**
- (b) **It is in the interests of all applicants to read the guides to the Scheme issued by the Board.**

## 15. DOCUMENTS ENCLOSED WITH THIS APPLICATION

- *Applicants are reminded that this application form and any other documents must be sent to the Board either by registered post or by delivery to the Board's office.*

The originals or solicitor's certified copy of the following documents are enclosed with this application:

1.  Death Certificate
2.  Birth Certificate
3.  Pension Book
4.  Social Welfare Cards/Documentation
5.  Marriage Certificate

The following documents are also enclosed with this application:

6.  Medical Report certifying ill health of applicant
7.  Evidence of Deceased's residence in institution
8.  Written account of abuse suffered by the Deceased
9.  Written account of injuries suffered by the Deceased
10.  Medical reports relating to the Deceased's injuries
11.  Other (please specify):

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- The Board will photocopy any of the documents numbered 1 to 5 received by it, and return them to you by recorded delivery post as soon as possible.
- Please note that documents are sent at your risk and while the Board will take all reasonable steps to safeguard them while in its possession, the Board cannot be held liable in the event of any loss or damage which may arise.