



De facto relationship status

Household Allowance Death Benefits

Personal details of the applicant

1 Full name

Social Security Identification Number

Birth date - - Civil identification no.¹ Valid until - -

year month day year month day

¹ Citizen Card/Identity Card/Passport or valid Temporary/Permanent Residence Permit.

Personal details of the active beneficiary¹

(To be completed only if you are applying for the Household Allowance)

2 Full name

Social Security Identification Number

¹ Beneficiary of the Special Fund for Insurance Professionals.

Personal details of the deceased beneficiary

(To be completed only if you are applying for Death Benefits)

3 Full name

Social Security Identification Number Date of death - -

year month day year month day

Statement of the applicant

4.1. Statement of de facto relationship status

▲ You must ask the Parish Council of your residence area to complete [table 5](#), in order to confirm your *de facto* relationship status.

► I declare, on my word of honour, that I live have lived in a *de facto* relationship with the beneficiary identified in table 2 or 3, in the following period(s) and address(es):

From: - - to - - Locality

year month day year month day

Address

Postal Code - Parish

As of - - Locality

year month day

Address

Postal Code - Parish

4

Statement of the applicant (continuation)

4.2. Other statements

I am aware that:

- ▶ if my family situation changes, I must communicate this fact immediately to the Social Security services;
- ▶ false statements are punished according to the law.

I declare that the information I have provided is complete and true.

▲ In the case of a Statement of *de facto* relationship status – Household Allowance – the statement must be signed by the applicant and his/her *de facto* partner.

Date

- -
year month day

Date

- -
year month day

Signature of the applicant

Signature of the applicant or of another person on his/her behalf (signature of another person when the applicant cannot or does not know how to sign) according to a valid identification document.

Signature of the applicant's *de facto* partner

Signature of the applicant's *de facto* partner or of another person on his/her behalf (signature of another person when the applicant's *de facto* partner cannot or does not know how to sign) according to a valid identification document.

5

Statement from the Parish Council of the applicant's residence area (article 2-A of Law no. 7/2001 of 11 May)

I declare by:

- direct knowledge of the facts
- oral testimony from two registered voters in the parish
- written testimony from two registered voters in the parish
- verbal statement of the interested party

that lives has lived
with in this Parish
in the period(s) and address(es) stated in [table 4](#).

Identification of the Parish Council

Date

- -
year month day

Signature and embossing stamp

Signature of the Parish Council President

6

Information

Documents to submit in the case of Household Allowance

- ▶ Complete narrative birth certificate of the applicant;
- ▶ Complete narrative birth certificate of the applicant's *de facto* partner.

Data protection



The collected personal data will be processed by the competent Social Security services (*Instituto da Segurança Social, I.P., Instituto da Segurança Social dos Açores, I.P.R.A and Instituto de Segurança Social da Madeira, IP-RAM*) and will be kept for the period necessary to fulfil their intended purpose.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

For further information on data protection, please consult the Social Security website at www.seg-social.pt

To be completed by the Social Security services

I confirm that the signature of the applicant person that signed on his/her behalf applicant's *de facto* partner is in accordance with the following identification document:

Citizen Card Identity Card Passport Other

Number

Valid until

- -
year month day

Signature and stamp