



FORM S1: APPLICATION TO THE PROBATE OFFICE (POSTAL APPLICATIONS INCL. DX) SEAT OFFICE (SOLICITOR) APPLICATIONS ONLY

- This form must accompany **all** applications.
- If the form is incomplete the office may not be able to process the application.
- Where a number of applications are submitted together a separate form must accompany each one.
- **Address your application to: Seat Office, Probate Office, Courts Service, Phoenix House, Smithfield, Dublin 7**

1. Complete this section in all cases – block capitals only	
Name of deceased	
Date of death	
Address of deceased	
Name of the applicant	
Original Will enclosed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this the first time the application has been presented to the Probate Office: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Query Letter/Sheet previously issued from the Seat Office, confirm copy is enclosed: Yes <input type="checkbox"/>	
Do you have a Probate Office reference number: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes enter Probate Office reference number: Enter Probate Reference here	

2. Type of Application being made (tick as appropriate)	
Probate	<input type="checkbox"/>
Intestacy	<input type="checkbox"/>
Will Annexed	<input type="checkbox"/>
De Bonis Non	<input type="checkbox"/>
Limited Grant	<input type="checkbox"/>
Corrective Affidavit	<input type="checkbox"/>
Seat Office	
If copy documents are required complete Section 3 below	
Are there fees enclosed	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes enter amount of fees enclosed

3. Copy documents required	Sealed & Certified (Enter No.)	Official (Enter No.)
Will only		
Grant only		
Will and grant		

4. Application submitted by:	Solicitor <input type="checkbox"/>	Town Agent <input type="checkbox"/>
In the event of your application being queried:		
<ul style="list-style-type: none"> ▪ Return documents by post to solicitor <input type="checkbox"/> ▪ Return documents by DX to solicitor <input type="checkbox"/> ▪ Documents are to be collected by: Solicitor <input type="checkbox"/> Town Agent <input type="checkbox"/> 		

5. Contact details	Solicitor (complete in all cases)	Agent (complete only if agent box ticked)
Name		
Address		
Contact Name		
Email address		
Phone number		
DX Number		

Signature: _____ Date: _____