PA1A — Probate application

This form is for an application where the person who has died **did not leave a will** that deals with assets in England and Wales

If you need help filling out this form please call the

Probate Helpline
0300 123 1072

We cannot provide legal advice

Checklist – before you send your application form to HMCTS Probate you will need to enclose the following. This checklist must be completed. If you do not enclose all of the required documents it will delay your application. Please keep copies of all documents that you send.

Did you know you can apply for Probate online?

Go to www.gov.uk/wills-probate-inheritance/appyling-for-a-grant-of-representation

- ☐ PA1A - Probate Application (this form)
- ☐ Inheritance Tax Summary Form: Please submit the appropriate form (IHT205 or IHT207, and IHT217 if applicable), signed by all applicants (see additional notes in Section 6).
- ☐ A copy of any foreign wills or any wills dealing with assets held outside England and Wales (and if not in English, an English translation).
- ☐ An official copy (**not** a photocopy) of the death certificate, or a coroner's interim certificate of the person who has died.
- ☐ Any other documents requested on this form. Please list them:

As well as the application fee, there is a fee for each official copy of the Grant of Representation that we provide.

How many official copies of the Grant of Representation do you require for use **in** the United Kingdom? ☐

How many official copies of the Grant of Representation do you require for use **outside** of the United Kingdom? ☐

Application fee	£
Fees for copies	£
Total fees	£

- ☐ Debit or Credit card. (This payment must be made before you send your application and the payment reference entered in the box below.)

Payment reference

- ☐ A cheque/postal order payable to '**HMCTS**' in respect of HMCTS's fees. Please write the name of the person who has died on the back of the cheque.

Details of how to pay by debit or credit card can be found at www.gov.uk/wills-probate-inheritance/applying-for-a-grant-of-representation

Please send your form and required documents with payment to HMCTS Probate, PO Box 12625, Harlow, CM20 9QE.

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SECTION A – PERSONAL INFORMATION

Please complete in BLOCK capitals placing a tick in boxes where applicable.

1. **About the applicant(s)** – All applicants must be over 18 years and a maximum of 4 may apply

1.1 Title and full name including middle names of **first applicant**

Title

First name(s)

Middle name(s)

Last name

1.2 Your address

Building and street

Second line of address

Town or city

County (optional)

Postcode

Note 1.1 –
all correspondence, including the Grant of Representation, will be sent to the first applicant named in this section.

Only list applicants who wish to be named on the grant in this section and they will be required to sign this document. Please note that the names you provide here must match the names provided on your formal ID. E.g. passport or Driving licence.

Where there are persons aged under 18 benefiting from the estate then two applicants (or at least two) will be needed in Section A. You may wish to contact HMCTS Probate to seek information in regard to who is eligible to apply.

1.3 Your home telephone number

1.4 Your mobile/work telephone number

1.5 Your email address

1.6 Title and full name including middle names of **second applicant**

Title

First name(s)

Middle name(s)

Last name

Note 1.5 – we will contact you with any queries via this email address.
We aim to contact you within 10 working days of receipt of your application.

1.7 Their address

Building and street

Second line of address

Town or city

County (optional)

Postcode

1.8 Their email address

1.9 Title and full name including middle names of **third applicant**

Title

First name(s)

Middle name(s)

Last name

1.10 Their address

Building and street

Second line of address

Town or city

County (optional)

Postcode

1.11 Their email address

1.12 Title and full name including middle names of **fourth applicant**

Title

First name(s)

Middle name(s)

Last name

1.13 Their address

Building and street

Second line of address

Town or city

County (optional)

Postcode

1.14 Their email address

SECTION B

The information you provide in this section of the application form will be the basis of your statement of truth, and it will be stored as a public record.

If you need help filling out this form please call the

Probate Helpline
0300 123 1072

We cannot provide legal advice

2. About the person who has died

2.1 Forename(s) (including all middle names) as they appear on the Death Certificate

2.2 Surname as it appears on the Death Certificate

2.3 Permanent address

Building and street

Second line of address

Town or city

County (optional)

Postcode

2.4 Date they were born

2.5 Date they died

2.6 Was the person who has died known by any other name in which they held assets?

☐ Yes, **go to question 2.7**

☐ No, **go to question 2.8**

2.7 Please give the details of any other names by which the person who has died held assets.

Full name

Note 2.7 – These names must be ones that will appear on the grant because an asset is in that name. We do not need to know the asset.

2.8 Did the person who died live permanently in England and Wales at the date of death, or intend to return to England and Wales to live permanently? (For legal purposes this generally means they were domiciled in England and Wales. You may wish to seek legal advice about this.)

- ☐ Yes
- ☐ No

Note 2.8 – Living permanently means they had either their permanent or principal home in England and Wales at the date of death or they intended to return to England and Wales to live permanently.

2.9 Was the person who has died or any of their relatives legally adopted in or out of the family?

- ☐ Yes, see note 2.9
- ☐ No, **go to question 2.11**

Note 2.9 – If you answered Yes to this question we may require additional information to be submitted once we have received your application.

2.10 Please name the legally adopted relatives and give their relationship to the person who has died. Please state whether they were adopted into the family of the person who has died, or 'adopted out' (become part of someone else's family).

Name	Relationship	Adopted **in** or **out**

2.11 What was the marital status of the person who has died when they died?

- ☐ Never married
- ☐ Widowed, their lawful spouse or civil partner having died before them
- ☐ Married/in a civil partnership - give date

- ☐ Divorced/civil partnership is dissolved - give date

- ☐ Judicially separated - give date

2.12 What is the name of the court where the Decree Absolute, Decree of Dissolution of Partnership or Decree of Judicial Separation was issued?

2.13 Did the person who has died own any foreign assets?

- ☐ Yes, the total value of their foreign assets (not including houses or land)

  £

- ☐ No

2.14 Was there any land vested in the person who has died which was settled previously to their death and which remained settled land not withstanding their death?

- ☐ Yes
- ☐ No

Note 2.11 – a civil partnership is a same-sex relationship that has been registered in accordance with the Civil Partnership Act 2004. A marriage is a legal ceremony conducted in UK under the Marriage Acts 1949, 1994 and The Marriage (Same Sex Marriage) Act 2013 or under legislation in any other country by the law applicable there. Date of divorce - this date is on their Decree Absolute, Decree of Dissolution of Partnership or Decree of Judicial Separation. You can get an official copy of these documents from the court that issued them, or from The Divorce Absolute Search Section, Central Family Court, 42–49 High Holborn, London WC1V 6NP.

Note 2.14 – It is rare for estates to be subject to the provisions of the Settled Land Act 1925 but if you know this applies or have any queries please seek legal advice.

3. Relatives of the person who has died

3.1 Did the person who has died leave a surviving lawful spouse or civil partner?

☐ Yes

☐ No

Note 3.1 – 'survive' means that they were alive when the deceased person died.

3.2 How many of the following blood and adoptive relatives did the person who has died have?

		Under 18 years	Over 18 years
a	How many sons or daughters of the person who died survived them?		
b	How many sons or daughters of the person who has died who did not survive them?		
c	How many children of people at 'b' who survived them?		

Note 3.2 – Please state the **number** of relatives the person who has died had in the relevant sections. If none then put nil or strike through. If you are unsure about the relationships of the persons applying then contact HMCTS Probate.

Please confirm that if any of the applicants are grandchildren of the deceased (3.2c) that their parent is one of the persons referred to at 3.2b. If they are not then they are not able to apply.

☐ Yes

If you have entered details in any of the boxes above go to Q3.5. If not then proceed to question 3.3

Note – Depending on the value of the net estate the lawful spouse/civil partner may not be the only person entitled to the estate of the deceased. Please seek legal advice regarding the distribution of the estate.

All relatives from the same category as the applicant are entitled to share in the estate including children/issue of any who have predeceased. You should seek legal advice regarding distribution of the estate if you are in any doubt.

3.3 How many of the following blood and adoptive relatives did the person who has died have?

If you have filled in details in any of the sections in question 3.2, then go to question 3.5

		Under 18 years	Over 18 years
d	How many parents of the person who has died survived them?		
e	How many Whole-blood brothers or sisters of the person who has died survived them?		
f	How many Whole-blood brothers or sisters of the person who has died did not survive them?		
g	How many Children of people at section (f) survived them?		
h	How many Half-blood brothers or sisters of the person who has died survived them?		
i	How many Half-blood brothers or sisters of the person who has died did not survive them?		
j	How many Children of people at section (i) survived them?		

Please confirm that if any of the applicants are nephews or neices of the whole or half blood of the deceased (questions 3.3g and 3.3j) that their parent is one of the persons referred to at 3.3f or 3.3i. If they are not then they are not able to apply.

☐ Yes

If you have entered details in any of the boxes above go to Q3.5. If not then go to question 3.4.

Note 3.3 – Once you have entered a number in one of the block sections (e.g. d to j) you should go to question 3.5.

Step-relatives should not be included.

A '**whole-blood**' brother or sister is someone who has both parents in common with person who has died, or someone who was legally adopted by both of the parents of the person who has died.

A '**half-blood**' brother or sister is someone who has only one parent in common with the person who has died, or someone who was legally adopted by only one of the parents of the person who has died.

3.4 How many of the following blood and adoptive relatives did the person who has died have?

If you have filled in details in any of the sections in question 3.3, then go to question 3.5.

		Under 18 years	Over 18 years
a	How many Grandparents of the person who has died survived them?		
b	How many Whole-blood uncles or aunts of the person who has died survived them?		
c	How many Whole-blood uncles or aunts of the person who has died did not survive them?		
d	How many Children of people at 3.4c who survived them?		
e	How many Half-blood uncles or aunts of the person who has died survived them?		
f	How many Half-blood uncles or aunts of the person who has died did not survived them?		
g	How many Children of people at 3.4f who survived them?		

Please confirm that if any of the applicants are cousins of the whole or half blood of the deceased (questions 3.4d and 3.4g) and that their parent is one of the persons referred to at 3.4c or 3.4f. If they are not then they are not able to apply.

☐ Yes

3.5. Please state the relationship of each of the persons applying for the grant to the person who has died. (If you are applying as an attorney for someone then please state attorney)

Relationship description

First applicant

Second applicant

Third applicant

Fourth applicant

Note 3.4 – this section should only be completed if no relatives have been entered in section 3.3. Please state the number of relatives the person who has died had in the relevant sections. If none then put nil or strike through.

Step-relatives and people who were related to the person who has died only by marriage should not be included.

A '**whole-blood**' uncle or aunt is someone who has both parents in common with the mother or father of the person who has died, or someone who was legally adopted by the maternal or paternal grandparents of the person who has died.

A '**half-blood**' uncle or aunt is someone who has only one parent in common with the mother or father of the person who has died or someone who was legally adopted by only one of the grandparents of the person who has died.

4. Applying as an attorney

4.1 Are you applying as an attorney on behalf of one or more people who are entitled to apply for a Grant of Representation? **Please read Note 4 before proceeding.**

☐ Yes, **go to question 4.2**

☐ No, **go to section 5**

4.2 Please give the full names of the person or people on whose behalf you are applying and their relationship to the person who has died.

4.3 Please give their address

Building and street

Second line of address

Town or city

County (optional)

Postcode

4.4 Is a person on whose behalf you are applying unable to make a decision for themselves due to an impairment of or a disturbance in the functioning of their mind or brain?

☐ Yes, further confirmation of this will be requested by the Probate Registry.

☐ No

4.5 Has anyone been appointed by the Court of Protection to act on behalf of a person on whose behalf you are applying including the right to apply for a grant of representation?

☐ Yes, **please provide an official copy of the court order with your application**

☐ No

Note 4 – if you are applying on behalf of more than one person, please provide the information requested in this section for the other people you represent on a separate sheet of paper. We will need to send you a further form for the person who is appointing you as their attorney to sign.

Please visit GOV.UK (gov.uk/wills-probate-inheritance/if-youre-an-executor) to print off the PA12 attorney form or call 0117 9302430 and quote 'Attorney' and we will send the attorney form.

You will need to send the attorney form to us with this application.

Where there are persons aged under 18 benefiting from the estate then two applicants (or at least two) will be needed in Section A. You may wish to contact HMCTS Probate to seek information in regard to who is eligible to apply.

Note 4.4 – this applies if they lack capacity under the Mental Capacity Act 2005 and are incapable of managing their property and financial affairs. You may wish to seek legal advice about this.

In some cases you may be asked to provide medical evidence. If you do not already have medical evidence from a qualified practitioner or are using a registered LPA a short form of medical evidence will be required.

Please visit GOV.UK (gov.uk/wills-probate-inheritance/if-youre-an-executor) to print off the PA14 medical certifgicate or call 0117 9302430 and quote 'medical evidence' and we will send the form.

4.6 Has a person on whose behalf you are applying appointed an attorney under an Enduring Power of Attorney (EPA) or a Property and Financial Affairs Lasting Power of Attorney (LPA)?

- ☐ Yes, **please provide the original EPA/LPA (or a solicitor's certified copy of it certified on every page.) with your application**
- ☐ No, **go to Section 6**

4.7 Has the Enduring Power of Attorney (EPA) been registered with the Office of the Public Guardian?

- ☐ Yes
- ☐ No

Note 4.6 – an LPA must be registered with the Office of the Public Guardian before it can be used.

5. Foreign domicile

Note – if you answered Yes, to question 2.8 you don't need to complete this section – please go to Section 6.

5.1 What was the country where the person who died either lived permanently at the date of death or intended to return to live permanently?

5.2 What does the estate in England and Wales of the person who has died consist of?

Assets	Values

5.3 Has an entrusting document been issued by the court where the person who has died was domiciled?

☐ Yes, **please provide the official document with your application; if it is not in English, please also provide an official translation. Go to Section 6.**

☐ No

5.4 Has a succession certificate, inheritance certificate or equivalent document been issued by a court or Notary in the country of domicile of the person who has died?

☐ Yes, **please provide the official document with your application; if it is not in English, please also provide an official translation.**

☐ No

Note 5.3 and 5.4 – these documents may help to support your application. If you do not have any of these documents, you may wish to seek legal advice.

6. Inheritance tax

6.1 Did you complete an Inheritance Tax Estate report online?

☐ Yes, do not submit an Inheritance Tax form with this application

Please provide the following details, **then go to Legal Statement**:

IHT Identifier

Gross Estate Figure £

Net Estate Figure £

☐ No, **go to question 6.2**

6.2 Which of the following inheritance tax forms have you completed?

☐ Form **IHT205**, **complete 6.3 then go to Legal Statement**

☐ Form **IHT207**, **complete 6.4 then go to Legal Statement**

☐ Forms **IHT400** and **IHT421**, **complete 6.5 then go to Legal Statement**

6.3 Provide the following figures from form **IHT205**.

Figure from box D £

Figure from box F £

(This figure will determine the probate application fee)

6.4 Provide the following figures from form **IHT207**.

Figure from box A £

Figure from box H £

(This figure will determine the probate application fee)

6.5 Provide the following figures from form **IHT421**.

Figure from box 3 £

(Gross value of assets)

Figure from box 5 £

(Net value)

(This figure will determine the probate application fee)

Note 6 – if you completed an Inheritance Tax Summary online, and fully complete question 6.1 of this form, you do not need to send an Inheritance Tax Estate report form with your application.

For guidance on probate fees please visit www.gov.uk/wills-probate-inheritance/

Note 6.2 – if you did not complete an Inheritance Tax Estate report online, you **must** complete IHT205, or IHT207, or both IHT400 and IHT421.

Note 6.3 – if the person who has died, died before 1 September 2006, it may affect which tax form you need to complete, so please ring the **Probate Helpline** on **0300 123 1072**.

Note 6.5 – do **not** send form IHT400 or form IHT421 to us. Please send them to HM Revenue and Customs, Inheritance Tax, BX9 1HT, at the same time you send PA1A and other papers to HMCTS Probate. HMRC will stamp your IHT421 and send it to HMCTS Probate.

LEGAL STATEMENT

The undersigned confirms:

- to collect the whole estate
- to keep full details (an inventory) of the estate
- to keep a full account of how the estate has been distributed

If the Probate Registry (court) asks the undersigned they will:

- Provide the full details of the estate and how it has been distributed
- Return the grant of representation to the court

and understand that:

- The application will be rejected if the information is not provided (if asked)
- Criminal proceedings for fraud may be brought against the undersigned if it is found that the evidence provided is deliberately untruthful or dishonest

The undersigned confirm to administer the estate of the person who has died in accordance to law, and that the application is truthful.

PLEASE MAKE SURE THAT ALL PERSONS APPLYING FOR THE GRANT SIGN THE DECLARATION BELOW.

Name of **first applicant**

Signature

Date signed

Name of **second applicant**

Signature

Date signed

Name of **third applicant**

Signature

Date signed

Name of **fourth applicant**

Signature

Date signed

Please send the original form signed by all applicants and required documents with payment to:

HMCTS Probate, PO Box 12625, Harlow, CM20 9QE

Phone 0300 303 0648
Email contactprobate@justice.gov.uk

FOR OFFICE USE ONLY

How are the applicants entitled to apply.

In what capacity are the persons applying entitled to apply?

- ☐ The undersigned is the wife or husband or civil partner of the person who has died
- ☐ The undersigned is or are the child/children of the person who has died
- ☐ The undersigned is or are the grandchild/grandchildren of the person who has died being the son or daughter of a child who died in the lifetime of the person who has died.
- ☐ The undersigned is or are the parent/parents of the person who has died
- ☐ The undersigned is or are the brother(s) or sister (s) of of the whole/half blood of the person who has died
- ☐ The undersigned is or are the niece/nephew (s) of the whole/half blood of the person who has died being the son or daughter of a brother or sister of the person who has died who died in their lifetime.
- ☐ Other (Please state in the box below the reason they are applying)

Equality and diversity questions (optional)

- **These are optional questions about you**
- **Your answers will not affect your case**
- **We will not share your answers with anyone involved in your case**

Your answers will help us check we are treating people fairly and equally.

These questions should be answered by one executor.

If you are a legal professional completing the form on behalf of an executor don't answer the questions.

How to complete these questions

1. Answer the questions on the next four pages. You can always choose 'prefer not to say' or leave them blank.
2. Send one copy of the completed questionnaire with your application to:

   HMCTS Probate

   PO BOX 12625

   Harlow

   CM20 9QE

Equality and diversity questions

1. What is your main language?

- ☐ English or Welsh, **go to question 3**
- ☐ Other, give details (including British sign language)
- ☐ Prefer not to say, **go to question 3**

2. If you have answered 'Other' in question 1, how well can you speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all
- ☐ Prefer not to say

3. What is your religion?

- ☐ No religion
- ☐ Christian (all denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Any other religion, please describe
- ☐ Prefer not to say

4. What is your date of birth?

Day	Month	Year

- ☐ Prefer not to say

5. What is your ethnic group?

☐ Prefer not to say

White

☐ English, Welsh, Scottish, Northern Irish or British

☐ Irish

☐ Gypsy or Irish Traveller

☐ Any other White background, please describe

Mixed/Multiple ethnic groups

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any other Mixed/Multiple ethnic background, please describe

Asian/Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Any other Asian background, please describe

Black/African/Caribbean/Black British

☐ African

☐ Caribbean

☐ Any other Black/African/Caribbean background, please describe

Other ethnic group

☐ Arab

☐ Any other ethnic group, please describe

6. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- ☐ Yes, **go to question 7**
- ☐ No, **go to question 9**
- ☐ Prefer not to say, **go to question 9**

7. If Yes, do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

- ☐ Yes, a little, **go to question 8**
- ☐ Yes, a lot, **go to question 8**
- ☐ Not at all, **go to question 9**
- ☐ Prefer not to say, **go to question 9**

8. Do any of these conditions or illnesses affect you in any of the following areas?

Tick all options that apply

- ☐ **Vision** – for example blindness or partial sight
- ☐ **Hearing** – for example deafness or partial hearing
- ☐ **Mobility** – for example walking short distances or climbing stairs
- ☐ **Dexterity** – for example lifting and carrying objects, using a keyboard
- ☐ **Learning or understanding or concentrating**
- ☐ **Memory**
- ☐ **Mental health**
- ☐ **Stamina or breathing or fatigue**
- ☐ **Socially or behaviourally** – for example associated with autism, attention deficit disorder or Asperger's syndrome
- ☐ **Other**, please specify

  [ ]

- ☐ **None of the above**

9. Are you currently pregnant or have you been pregnant in the last year?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

10. Which of the following options best describes how you think of yourself?

- ☐ Heterosexual or Straight
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Other, please describe

  _____

- ☐ Prefer not to say

11. What is your sex?

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

12. Is your gender the same as the sex you were registered at birth?

- ☐ Yes
- ☐ No, my gender is

  _____

- ☐ Prefer not to say

13. Are you married or in a legally registered civil partnership?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Thank you for answering these questions

Send this questionnaire back with your completed application

Privacy notice

By submitting your answers, you agree that we can collect your information. We'll use it to help us meet our commitment to equality under the Equality Act 2010. You can withdraw your consent or change your answers at any time, see information below in our privacy notice.

For details of the standards we follow when processing your data, please visit the following address https://equality-and-diversity.platform.hmcts.net/privacy-policy

To receive a paper copy of this notice, please call 0300 303 0648

Alternative formats

If you need this form in an alternative format, for example in large print, call 0300 303 0648