

Blue Badge Application Form – Life Limited Application

- **All fields are mandatory**, please complete all fields below
- Return completed application forms and supporting documents to;
Blue Badge Team, Parkhouse Building, Baron Way, Kingmoor Business Park, Carlisle, CA6 4SJ
- If you require support please contact the team on 01228 606060 or email: blue.badge@cumbria.gov.uk

Section 1. Patient Details

Title:	<input type="text"/>	Surname:	<input type="text"/>
First Name (s):	<input type="text"/>		
Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Town of Birth:	<input type="text"/>
Surname at Birth:	<input type="text"/>		
Address (including post-code):	<input type="text"/>		
Contact Telephone:	<input type="text"/>		
National Insurance Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Section 2. Specialist Nurse Details

Title:	<input type="text"/>	Surname:	<input type="text"/>
First Name(s):	<input type="text"/>		
Telephone:	<input type="text"/>		

Section 3. Confirmation

Please confirm the following:

- I / The patient have a limited life expectancy of **less than six months**
- I have enclosed a copy of Form DS1500 or a Doctors Letter

Section 4. Declaration & Signature

A £10 Blue Badge Issue Fee is required for all applications;

- I / The patient wishes to be contacted via phone to make the £10 payment via Card
- I have submitted a cheque or postal order for £10.00 made payable to Cumbria County Council.

I confirm that the above details are correct, accurate and I / The patient resides at the address stated above.

Signature: