

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: