

## 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, Cumbria County Council, PO Box 415, Carlisle CA1 9GU
- If you require support please contact the team on 01228 606060 or email: [blue.badge@cumbria.gov.uk](mailto: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;**

- Please do not send any form of payment via the post, the team will contact you to discuss payment options

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

Signature: