

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, PO Box 415, Carlisle, Cumbria, CA1 9GU
- If you require support please contact the team on 0300 373 3730 or email: blue.badge@cumberland.gov.uk

Section 1. Patient Details

Title: Surname:

First Name (s):

Date of Birth: / / Town of Birth:

Surname at Birth:

Address (including post-code):

Contact Telephone:

National Insurance Number:

Section 2. Specialist Nurse Details

Title: Surname:

First Name(s):

Telephone:

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 SR1 or a Doctors Letter

Section 4. Declaration & Signature

A £10.00 Blue Badge Issue Fee is required for all applications;

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

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

Signature: