

## 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 304, Kendal, LA9 9GY
- If you require support please contact the team on 0300 373 3300 or email:  
[blue.badge@westmorlandandfurness.gov.uk](mailto:blue.badge@westmorlandandfurness.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 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 Westmorland & Furness Council.

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

Signature: