

Application for CGMA Layette

Form to be completed by the CGMA client and forwarded to CGMA Headquarters.
 If CGMA client is deceased, spouse/legal guardian information may be substituted where marked with an asterisk (*).

CGMA CLIENT INFORMATION

1. Name: Last	First	Middle Initial	2. Social Security Number	3. Employee ID #
			XXX-XX -	
*4. Home Address: Street	Apt. No.	City	State	Zip Code
-				
*5. Home Telephone Number			*6. Home E-mail Address	
() -				
*7. Status: (Indicate prior status if CGMA client is deceased)				
<input type="checkbox"/> Active Duty <input type="checkbox"/> CG Civilian Employee/NAF <input type="checkbox"/> Other:				
8. Rank/Rate/Grade:	*9. Current Duty Station and OPFAC (if applicable)		*10. Work	Ext
			() -	
11. Check here if CGMA client is deceased:	12. Name of Surviving Spouse/legal guardian: Last			First M.I.
<input type="checkbox"/>				

Client Certification:

Birth/Due Date: ____ / ____ / ____.

I certify that all information indicated above is true, accurate, and complete, and that:

- I have not received nor will I accept a layette from the AFAS (Bundles for Babies) class.
- I have not received nor will I accept a layette from the NMCRS (Budgeting for Babies) class.

*CGMA client's Signature: _____ Date: ____ / ____ / ____.

Submit the completed form to CGMA Headquarters via one of the following:

- ▶ Email the package to CGMA-HQ at HQS-DG-CGMA@uscg.mil (Preferred)
- ▶ FAX to CGMA-HQ at (703) 875-0344
- ▶ Mail to Coast Guard Mutual Assistance, 1005 N. Glebe Rd, Suite 220, Arlington, VA 22201

To Be Completed by CGMA-HQ

The applicant provided all necessary information for this Layette.

Mailed: _____

CGMA-HQ Signature: _____ Date: ____ / ____ / ____.

Print Name: _____