



Coast Guard Mutual Assistance

Application for CGMA Layette

Instructions for completion: 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. Rank/Rate/Grade:		*8. Current Duty Station and OPFAC (if applicable)		*9. Work Telephone Number	
				() - ext.	
*10. Status: (Indicate prior status if CGMA client is deceased)					
<input type="checkbox"/> Active Duty <input type="checkbox"/> CG Civilian Employee/NAF/CWC/CGES <input type="checkbox"/> Other: (Describe)					
11. Year of Birth (YYYY)		12. Year Joined CG (YYYY)		13. Year Retired from CG (YYYY)	
14. Check here if CGMA client is deceased		15. Name of Surviving Spouse/legal guardian: Last			
<input type="checkbox"/>		First		M.I.	

CLIENT'S CERTIFICATION

Actual or Expected Birth 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

CGMA HEADQUARTERS

The applicant provided all necessary information for this Layette.

Mailed: _____

Signature _____ Date ___ / ___ / ____

Typed or Printed Name _____