

# 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Attach the following document:

- A photocopy of the client's valid Coast Guard ID card (both sides, clearly legible) (If the CGMA client is deceased, a copy of spouse's/legal guardian's valid ID must be provided).

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

- ▶ Email the package to CGMA-HQ at [ARL-DG-CGMA@uscg.mil](mailto:ARL-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, VA 22201

### To Be Completed by CGMA-HQ

- The applicant provided all necessary information and documentation for this Layette.

Mailed: \_\_\_\_\_

CGMA-HQ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_