



Coast Guard Mutual Assistance

Application for CGMA Layette

Instructions for completion: Form to be completed by the CGMA client or surviving spouse/legal guardian if CGMA is deceased, then forwarded to CGMA Headquarters.

CGMA CLIENT INFORMATION

Name: Last		First	Middle Initial	Social Security Number XXX-XXX-	Employee ID Number
Address Line 1		Address Line 2		City	State Zip Code
Home Phone Number	Cell Phone Number		Home E-mail Address		
Rank/Rate/Grade:	Current Duty Station and OPFAC (if applicable)			Work Phone Number	
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)					
Year of Client's Birth (YYYY)		Year Client Joined CG (YYYY)		Year Client Retired from CG (YYYY)	
Check here if CGMA client is deceased <input type="checkbox"/>		Name of Surviving Spouse/legal guardian: Last First M.I.			

CLIENT'S CERTIFICATION

Actual or Expected Birth Date: _____ Baby's name (if known) _____

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.

Signature _____ **Date:** _____
(when submitting manually)

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

- ▶ Online: !(Preferred) I certify that all information is accurate.
- ▶ Email: Print, take a photo or scan this form and send to layette@mycgma.org
- ▶ FAX: (703) 875-0344
- ▶ Mail: Coast Guard Mutual Assistance, 1005 N. Glebe Rd, Suite 220, Arlington, VA 22201