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**MEMORANDUM**

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| From: |  | Reply to Attn of: |  |

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| To: | CGPPC-sep (via e-mail as an attachment to: PPC-DG-CustomerCare) |
| Subj: | RETIREMENT CERTIFICATE REQUEST |

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| Ref: | (a) Personnel & Pay Procedures Manual, PPCINST M1000.2 (series), Chap 3-B |

1. The following information is submitted per reference (a).

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|  | Is this request for replacement certificates? | Yes/No  If yes, explain. |
|  | Member’s full name: | First Middle Last |
|  | Member’s gender: | Male / Female |
|  | Member’s employee ID number: | 1234567 |
|  | Member’s Rate/Rank: | Yeoman First Class / Lieutenant Commander |
|  | Member’s branch of service: | Active Duty /Reserve |
|  | Permanent Disability | Yes / No |
|  | Member’s marital status: | Married / Single |
|  | Spouse’s Name: | If married – First MI Last |
|  | Spouse’s Gender: | If married – Male /Female |
|  | Relationship: | If married – Husband / Wife / Spouse |
|  | Date of retirement ceremony: | Enter date. Submit at least 60 days prior to this date. |
|  | Retirement date: | Enter date. |
|  | Retiree’s total years in service: | Enter total years of service |
|  | Active Duty Base Date (ADBD) or Pay Base Date (for Reservists) | Enter Date. |
|  | Unit name: | Name of unit |
|  | Unit mailing address: | Full mailing address  Including  City, State, and zip code. |
|  | Unit point of contact (POC) name: | Enter the name of the POC |
|  | POC rank/rate/title: | Enter the POC’s title |
|  | POC daytime telephone number: | Enter the POC’s phone number with area code. |
|  | POC e-mail address: | First.m.last@uscg.mil |
|  | Comments/Requests: | Enter any additional information. |

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