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**MEMORANDUM**

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

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| To: | CGPPC-sep (via e-mail to: [ppc-dg-CustomerCare@uscg.mil](mailto:ppc-dg-CustomerCare@uscg.mil)) |
| Subj: | RETIREMENT CERTIFICATE REQUEST |

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

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 Sex: | 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 Sex: | 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) | 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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