

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:

Baby's name: _____ 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: ____/____/____

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;
- FAX to CGMA-HQ at (202) 493-6686;
- Mail to Coast Guard Mutual Assistance, US Coast Guard Mail Stop 7180, 4200 Wilson Blvd, Ste 610 Arlington, VA 20598-7180

To Be Completed By the CGMA-HQ

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

Mailed: _____

CGMA-HQ Signature: _____ Date: ____/____/____