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**Department of Defense, Veterans and Emergency Management
Bureau of Veterans' Services
117 State House Station, Augusta, Maine 04333-0117**

**CFB Gagetown & Agents Orange/Purple
Questionnaire**

The Bureau of Veterans' Services would like your help in gathering data to assist us in identifying individuals that served in Gagetown. We need to know if you were ever at Gagetown while serving in the National Guard, when you were there and any health issues that may have been caused by your time at Gagetown.

If you would take a moment and answer the following questions it would be greatly appreciated.

1. Full Name
2. Date of Birth
3. When did you serve in the National Guard?
4. What year and unit were you with when you went to Gagetown? (Please list all times that you went to Gagetown)
5. Have you filed a claim for compensation with the US Department of Veterans Affairs?
6. Do you have any current illnesses that you feel may be connected to your time at Gagetown? If yes, please list them.
7. Are you currently receiving any health care from the US Department of Veterans Affairs?

In case we need to contact you, please provide the following information:

Day Time Tel: _____ Email Address: _____

**PLEASE EITHER EMAIL ANSWERS TO QUESTIONS ABOVE OR IF YOU PREFER,
PLEASE PRINT, COMPLETE AND MAIL THIS QUESTIONNAIRE FORM
(EMAIL ADDRESS AND MAILING ADDRESS SHOWN BELOW)**

Email: MaineBVS@maine.gov

**Mail: Maine Bureau of Veterans' Services
117 State House Station
Augusta, ME 04333-0117**

Thank you for taking the time to complete this questionnaire.