

MAINE BUREAU OF VETERANS' SERVICES



117 STATE HOUSE STATION | AUGUSTA, ME 04333-0117
PH: 207-287-7020 | FAX: 207-626-4471 | EMAIL: MAINEBVS@MAINE.GOV

Veteran's Name: _____

Address: _____ City/Town: _____

State: _____ Zip: _____ Phone: _____ DOB: _____

Email Address: _____ SS Number: _____

License/State ID #: _____ Service Number: _____

In which branch of the military did you serve? Army Air Force Navy Marines
 Coast Guard Space Force Reservist or National Guard Merchant Marines during WWII

Pease check all boxes that apply. I'm interested in the following services / benefits:

- | | | |
|---|---|---|
| <input type="checkbox"/> Copy of DD Form 214 | <input type="checkbox"/> Veterans' Cemetery Services | <input type="checkbox"/> Maine Veterans' Dental Network |
| <input type="checkbox"/> State Park Pass <small>(DD Form 214 must accompany application)</small> | <input type="checkbox"/> Honorable Service Coin & Certificate <small>(DD Form 214 must accompany application)</small> | <input type="checkbox"/> Veterans' Dependents Education Benefits |
| <input type="checkbox"/> VA Services | | |
| <input type="checkbox"/> I would like an overview of State Veterans' benefits. | | |
| <input type="checkbox"/> I would like to meet with a Veteran Services Officer. | | |

Requestor Information (If form is being filled out on behalf of Veteran)

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Relationship to Veteran: _____

***Date of death** (death certificate/obituary required) : _____
*If applicable

 **Please note:** If requestor is someone other than the veteran and the veteran is still living, the requestor must provide a copy of the Power of Attorney or Guardianship paper.

➔ **Signature:** _____ **Date:** _____

To fulfill your request, the Maine Bureau of Veterans' Services (MBVS) may require your authorization to contact State and/or Federal agencies on your behalf. By signing above, you have authorized MBVS to work on your behalf.

Please mail to: _____ (Individual/Organization) _____ (Address)
_____ (Town/City) _____ (State & Zip Code)

Please fax to: _____ (Individual/Organization) _____ (Fax Number)
(DD Form 214 Only)

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OFFICE LOCATIONS AND CONTACT INFORMATION

| | |
|--|---|
| <p>Central Office Mail: 117 State House Station Physical: 194 Winthrop Street (Camp Keyes) Augusta, ME 04330 Main Line: 207-287-7020 VSO Phone: 287-9933 Fax: 207-626-4471 Main Email: MaineBVS@maine.gov VSO Email: mailvsome@va.gov</p> | <p>Bangor Veterans' Services Office 35 State Hospital Dr. Bangor, ME 04401 Phone: 207-941-3005 Fax: 207-941-3012 Email: Bangor.MaineBVS@maine.gov</p> |
| <p>Caribou Veterans' Services Office 14 Access Highway, Suite 5 Caribou, ME 04736 Phone: 207-492-1173 Fax: 207-492-1175 Email: Caribou.MaineBVS@maine.gov</p> | <p>Lewiston Veterans' Services Office 35 Westminster St. Lewiston, ME 04240 Phone: 207-753-9106 Fax: 207-783-5307 Email: Lewiston.MaineBVS@maine.gov</p> |
| <p>Machias Veterans' Services Office 53 Prescott Dr., Suite 6 Machias, ME 04654 Phone: 207-255-3306 Fax: 207-255-4815 Email: Machias.MaineBVS@maine.gov</p> | <p>Portland Veterans' Services Office 151 Jetport Blvd., Rm 138W Portland, ME 04102 Phone: 207-822-2391 Fax: 207-822-2393 Email: Portland.MaineBVS@maine.gov</p> |
| <p>Springvale Veterans' Services Office 634 Main St. Springvale, ME 04083 Phone: 207-324-1839 Fax: 207-324-2763 Email: Springvale.MaineBVS@maine.gov</p> | <p>Togus Veterans' Services Office Veterans' Administration Center Building 248, Room 110 Togus, ME 04330 Homeless Veterans Services: 207-287-7019 Fax: 207-287-8449 Email: HVC.MaineBVS@maine.gov</p> |

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