

BRAILLE REQUEST FORM

Requester Information

Congregation name:	Congregation number:
Braille recipient's name:	
Address:	
City, province or state, zone or code:	
E-mail address <i>(required if requesting electronic files):</i>	
Electronic device <i>(required if requesting electronic files):</i> <input type="checkbox"/> Notetaker <input type="checkbox"/> Screen reader	

Important: For each item requested below, please specify a format (CD, audiocassette, embossed paper, notetaker files, or screen reader files), language, and grade. A grade is required for all formats except screen readers. To see a complete list of Braille literature items available in each format, language, and grade, please see *Braille Publications List* (S-58).

Literature

Quantity	Item No.	Title or Brief Description	Format	Language	Grade

Subscriptions

Periodical	Format	Language	Grade

Comments

Before signing, please verify the following:

- Is the person who will be receiving these items visually impaired and qualified to receive mail via "Free Matter for the Blind or Handicapped"?
- Has the format, language, and grade (except for screen reader files) been specified for each requested item?
- Does the person receiving these items read the grade of Braille specified?
- Has the *Braille Publications List* been consulted to verify that the items are available in the format, language, and grade indicated?

(Service overseer—Sign and print name)

Date