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MCH Translation Request Form

(Items with * are required for processing requests)

- Please fill out a separate request for **each document**.
- Please allow at least 48 hours for each project.
- Please provide an editable document if possible. PDF's are accepted but not preferred.
- If the request is urgent, please indicate the date when you need the translation completed by.
- Email to malmanzaguerrero@isdh.in.gov or submit online.

Date: ___/___/___ Requested specific due date: ___/___/___

Division*: _____ Department*: _____

Contact Person*: _____ Title*: _____

Phone: _____ Email*: _____

Name of the document to be translated: _____

of Pages to be translated: _____

- Original Document or
- Revision to previously translated document (highlight changes, additions, or editions).

Document format: Word (preferred format) PowerPoint Publisher Excel

***IMPORTANT:** Always include the original document to be translated. Even if it is a revision, we must have the document in English to provide an accurate translation.

Comments/Special Instructions:

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.