



Interpreter Request Form

Please copy this form and retain original for future needs:

RETURN THIS FORM TO: Email: deafcenter1450@gmail.com or Fax: 228.897.2462

Today's Date: _____

Requesting Agency: Memorial Hospital at Gulfport

For the Month of: _____ On Going Appointments

Appointment Date: _____	Time of Service: _____	Expected Duration: _____
Appointment Date: _____	Time of Service: _____	Expected Duration: _____
Appointment Date: _____	Time of Service: _____	Expected Duration: _____
Appointment Date: _____	Time of Service: _____	Expected Duration: _____
Appointment Date: _____	Time of Service: _____	Expected Duration: _____
Appointment Date: _____	Time of Service: _____	Expected Duration: _____

LOCATION (Where Interpreter will provide services):

Clinic Name : _____	Office Phone Number: _____
Clinic Address: _____	Office Email: _____
_____	Office Fax: _____
Doctor Name: _____	Office Personnel: _____
Purpose for Appointment: _____	Deaf Patients Name: _____

Other Important Information: _____

Authorizing Signature: _____

All Requests MUST have a Signature (Questions? Call 228-897-2280)

Mississippi Senate Bill 2794, July 1, 2005 SS02/R907: No person shall provide interpreting services for consumers who are deaf or hard of hearing for a fee or other remuneration unless the person is registered with the registering authority.

de l'Epée Deaf Center is a Not for Profit 501 C3 organization. We are dependent on prompt payment for services and contributions. Please help us continue to provide for the Deaf and Hard of Hearing by supporting our mission.

Revised: August 15, 2025