

Languages Available to the Visually Impaired & Print Handicapped

Each Language has the complete New Testament unless otherwise noted

Languages available on MP3/CD-Rom format appear below with code (3).

Afrikaans * (3)	Finnish	Lao	Spanish * (1,3)
Albanian *	French * (1,3)	Latvian *	Swahili *
Amharic	German * (1,3)	Luba Kaonde	Swedish *
Arabic *	Greek	Luganda * (1)	Tagalog*
Bangala *	Gujarati *	Maasai	Tamil *
Bulgarian *	Haitian Creole	Mabaan *	Telugu *
Burmese *	Hausa	Malay[Mark only]*	Thai
Cakchiquel	Hebrew (2)	Malayalam	Tigrinya
Cantonese	Hiligaynon	Mandarin	Turkish *
Cebuano *	Hindi *	Mien *	Uduk *
Croatian *	Hmong *	Navajo	Ukrainian *
Czech	Hungarian* (1)	Ndebele	Urdu *
Dutch *	Ilocano *	Nepali	Vietnamese
English	Indonesian	Polish *	Zande *
(NKJV) * (1,2,3)	Italian * (1)	Portuguese *	Zulu *
(KJV) * (2,3)	Japanese *	Romanian *	
(Children's Bible) (2,3)	Kalenjin *	Russian * (1,2)	Cassette Player available with Bibles on Cassette.
Farsi *	Korean *	Slovak *	

Additional Resources:

• Dr. Mariano DiGangi: Basic Doctrine (English, Italian, Hungarian & Spanish) • Dr. John MacArthur: Beatitudes (English, Spanish), (English only): Marriage & Family Series, The Believer's Armor, Faith & Life Series, Authentic Reproduction/Get the Board Out of Your Eye, The Battle for the Beginning (3), Back to the Basics (3), Parables of the Kingdom (3) • Dr. Stephen Olford: Radiant Christian Living • Pastor Steve Kreloff: False Teachers • Children's Devotional - A Faith to Grow On (3)

*Tone-indexed (1)Old Testament portions (2)Complete Old Testament (3)MP3 CD-Rom

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Applicant's Name _____

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City _____ State _____ Zip _____

Phone _____ Nature of Impairment _____

Materials Requested _____

Certification must be completed by a competent authority recognized by the National Library Service for the Blind and Physically Handicapped such as professional staff of an agency/organization for the blind, a librarian, rehab worker, rehab teacher, doctor.

Certifying Authority _____ Title _____

Organization/Agency _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date _____

Certifying Authority's Signature _____