**2026 Fo Guang Shan International Ten-thousand Buddha Triple Platform Full Ordination Ceremony**

**Categories of Ordination：**

**□Śrāmaṇera/Srāmaṇerikā Ordination**

**□Bhikṣu/Bhikṣuṇī Ordination**

**□Enhancing Bhikṣu/Bhikṣuṇī Ordination**

**Form Completion Date:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section: Personal Information | Dharma Name  *(Inner Name)* | | | | Ordination Name  *(Outer Name)* | | | | Legal Name  *(as shown on ID)* | | | | Nationality | |
| Chinese |  | | | |  | | | |  | | | |  | |
| English |  | | | |  | | | |  | | | |  | |
| Age： |  | | Height： | | |  | | Weigh： | |  | | Chest Measurement： | |  |
| Date of Renunciation： |  | | Date of Birth： | | |  | | | | Gender： | |  | | |
| ID Number： |  | | Passport Number： | | |  | | | | Languages Spoken： | |  | | |
| Phone Number： |  | | Mobile Number： | | |  | | | | Fax： | |  | | |
| E-mail： |  | | | | | | | | | | | | | |
| Academic Qualification： |  | | | | | | | Professional Qualification： | |  | | | | |
| Do you have any chronic illnesses? (Please specify) | |  | | | | | | Are you taking any regular medications for chronic conditions? | | | |  | | |
| Name of Monastery： | Chinese |  | | | | | | English | |  | | | | |
| Name of Master： | Chinese |  | | | | | | English | |  | | | | |
| Master’s Date of Ordination： | |  | | Master’s Gender： | |  | | Master’s Ordination Place： | | | |  | | |
| Explanation of the master’s consent for the applicant to receive ordination:  (If more space is required, please attach a separate page.)  Teacher’s Signature/Seal：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| Attachment Area for Photocopy of ID (both sides) or Passport | | | | | | | | | | | | | | |
| Motivation and Aspiration for Participating in the Ordination： | | | | | | | | | | | | | | |
| Postal Code： |  | | Mailing Address： | | | |  | | | | | | | |
| Document Checklist:  ☐One photocopy of ID (or passport); those with prior marriage must provide a copy of divorce certificate or death certificate of spouse  ☐One recent 2-inch half-body front-facing photo  ☐One health examination certificate from a hospital (basic general checkup) | | | | | | | Applicants’ Vow:  - I vow to uphold and never violate the precepts established by the Buddha.  - I vow to follow the rules and guidance of the ordination platform throughout the ceremony.  - I affirm that all the information provided above is true and accurate.  Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ | | | | | | | |
| Terms of Agreement： I understand and agree that Fo Guang Shan Monastery and its affiliated organizations may collect, process, and use the personal information I have provided for ceremonial, administrative, and future event-related purposes. If any information I’ve submitted contains personal data of others, I confirm that I have informed them appropriately and obtained their consent to provide such information for collection, processing, and use by Fo Guang Shan and its relevant departments.  Form Filler’s Signature/Seal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | Recent  passport  size  photos | | | |
| For Office Use Serial No.： |  | | Chamber： | | | | | Class： | | |
| Primary Review:  ☐ Qualified ☐ Not Qualified  Date: | | | Secondary Review:  ☐ Qualified ☐ Not Qualified  Date: | | | | | | | | Remarks: | | | |