**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:**

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| --- | --- | --- | --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Recentpassportsizephotos |
| For Office UseSerial No.： |  | Chamber： | Class： |
| Primary Review: ☐ Qualified ☐ Not Qualified Date: | Secondary Review: ☐ Qualified ☐ Not Qualified Date: | Remarks: |