

New Monk East Row# East Group# , Platform#
 Enhanced Nun West Assigned# West Assigned#

Lingyan Zen Temple Triple Platform Ordination Ceremony Application Form			Date:		
Dharma Name (Inner)		Dharma Name (Outer)		Worldly Name	
Categories of Ordination: Sramanera / Sramanerika <input type="checkbox"/> Bhikkhu / Bhikkhuni <input type="checkbox"/> Enhancing Ordination Vows <input type="checkbox"/>		Date of Birth: (Year/Month/Date)		Gender	Age
Place of Birth:			Nationality:		
Languages Spoken:			Passport No.:		
Date of tonsure :					
**Date of you ever been participate in Triple Platform Ordination (For Enhancing Ordination Vows only):					
Name of the Temple where you took tonsure:			Name of the temple you currently reside:		
Address of the temple:			Tel:		
			Fax:		
			E-mail:		
Name of Your Master:			Gender of your Master:		
Signature of Master:					
Date of your Master receive ordination:			Place of your Master took ordination:		
1 recent passport size photo	Robe size	Length :		Width :	
	Individual Body	Hight:		Weight:	
	Education (Ultimate Completion Degree):				
	Emergency Contact				
	Name: Relationship: Phone #:				
Please check any of the following that you have had, or presently have: <input type="checkbox"/> Hypertension <input type="checkbox"/> Heart Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Insomnia <input type="checkbox"/> Liver disease <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Cancer <input type="checkbox"/> Anemia <input type="checkbox"/> Dizziness <input type="checkbox"/> Movement difficulty <input type="checkbox"/> Other disease, please explain: _____					

※Be sure to review the front and back of the form before filling out this form.

Experience before tonsure :

Why did you take tonsure? What is your expectation?

※Motivation for participating this ordination (For Enhancing Ordination Vows only):

Appendix:
1.All items of this form should be filled out. Please write legibly. Filling out the form by others is permitted as long as the information is accurate.
2. Please attach copies of the following documents along with this registration form: (a) Identification cards, (b) Passport, (c) Agreement from the spouse (if you are married without a divorce).
3.Please mail this form and all required documents to the following address prior to Oct. 22, 2017. Triple Platform Ordination Committee, Lingyan Zen Temple Triple, No.147, Taoyuan, Zhuqi Township, Chiayi County 60444, Taiwan (R.O.C.)
4.The Committee will inform you after receiving the registration form and reviewing all documents. You should receive notification no later than 10 days prior to the first day of Ordination period. Please do not show up without the notification document.
5.This form should contain your Master's signature and name stamp. The form will not be reviewed without proper signature and stamp.

Review Comments:

Check-In Handler:	Ordination Certificate Fee :	Praying Fee: (for Ancestors)	Laundry Fee:
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