

2024 年 萬佛聖城 傳授幽冥戒 報名表

The City of Ten Thousand Buddhas

Application Form for Taking the Precepts for the Deceased 2024

Number 編號

受幽冥戒 戒子姓名 Name of the Deceased	
受幽冥戒 戒子法名 Dharma Name Of the Deceased	
陽上代受戒者姓名 Representative's Name	
關係稱謂 Relationship	
陽上代受戒者地址 Representative's Address	
陽上代受戒者電話號碼 Representative's Phone Number	
陽上代受戒者電子郵件 Representative's Email Address	