



# 德州寶塔禪寺 塔位認供登記表

## Texas Pagoda Chan Monastery – Niche Placement Application

認供日期 Date of Sponsorship (mo/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

認供塔位編號 Niche Number : \_\_\_\_\_

| 認供人 Sponsor<br><br>認供人編號<br>Sponsor Number : _____  | _____<br>First Name Last Name 中文姓名 / 法名<br>Address: _____<br>Street City State Zip<br>_____<br>Home Phone Cell Phone Email   |           |          |          |           |           |          |          |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |    |  |  |  |  |
|---|--|-----------|----------|----------|-----------|-----------|----------|----------|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|----|--|--|--|--|
| 認供區別<br>Sponsor Niche Area<br><br><input type="checkbox"/> A Rows – 3 ~ 8<br><br><input type="checkbox"/> B Rows – 1,2,9,10   | 認供總金額 Total Amount of Donations US\$: _____<br><input type="checkbox"/> 一次圓滿 One-time (日期 ____/____/____) 收款人 Received by: _____<br><input type="checkbox"/> 分期 Installments 每月 monthly \$ _____ x _____次 times<br>若因風災、盜竊或是其它不可抗力因素造成骨灰遺失或受損本人同意德州寶塔禪寺不需負責。<br>I agree to hold the Monastery harmless from loss or damage of urn/ashes caused by hurricane, theft, or other force majeure.<br><br>_____ (mo/day/year) ____/____/____<br>認供人簽名 Sponsor's Signature 日期 Date |           |          |          |           |           |          |          |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |    |  |  |  |  |
| 塔位立位姓名<br>Name of Niche Beneficiary<br><br>與認供人關係<br>Relation with Sponsor: _____   | _____<br>First Middle Last 中文姓名 / 法名<br>生日 Date of Birth: ____/____/____ 歿日 Date of Death: ____/____/____<br>性別 Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female 入塔日期 Date of Inurnment ____/____/____<br>塔位區 Niche Location: _____   |           |          |          |           |           |          |          |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |    |  |  |  |  |
| 相關文件 (二份)<br>Required Documents<br>(in duplicate)   | <input type="checkbox"/> Certified copies of Death Certificate <input type="checkbox"/> Copies of Picture ID for Sponsor/Next of Kin<br><input type="checkbox"/> Copies of Cremation Permit <input type="checkbox"/> Copies of Burial Transit Permit   |           |          |          |           |           |          |          |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |    |  |  |  |  |
| 聯絡人/親眷家屬<br>Contact Person<br>/Next of Kin<br><br>與立位人關係<br>Relationship with the<br>Beneficiary: _____   | _____<br>First Name Last Name 中文姓名 / 法名<br>Address: _____<br>Street City State Zip<br>_____<br>Home Phone Cell Phone Email   |           |          |          |           |           |          |          |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |    |  |  |  |  |
| 以下免填 For Office Use Only  |  |           |          |          |           |           |          |          |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |    |  |  |  |  |
| 功德金繳款記錄<br>Donations Record   | 繳款於中台分院名稱 Name of the paid-through Chung Tai Branch: _____<br>介紹人 Introduced by: _____ 承辦法師 Handled by Dharma Master: _____  |           |          |          |           |           |          |          |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |    |  |  |  |  |
| <table border="1"> <thead> <tr> <th>Date</th> <th>Check No.</th> <th>Amount</th> <th>Initials</th> <th>Date</th> <th>Check No.</th> <th>Amount</th> <th>Initials</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td>6</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td>7</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td>8</td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td>9</td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td>10</td><td></td><td></td><td></td></tr> </tbody> </table> | Date   | Check No. | Amount   | Initials | Date      | Check No. | Amount   | Initials | 1 |  |  |  | 6 |  |  |  | 2 |  |  |  | 7 |  |  |  | 3 |  |  |  | 8 |  |  |  | 4 |  |  |  | 9 |  |  |  | 5 |  |  |  | 10 |  |  |  |  |
| Date  | Check No.  | Amount    | Initials | Date     | Check No. | Amount    | Initials |          |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |    |  |  |  |  |
| 1   |  |           |          | 6        |           |           |          |          |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |    |  |  |  |  |
| 2   |  |           |          | 7        |           |           |          |          |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |    |  |  |  |  |
| 3   |  |           |          | 8        |           |           |          |          |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |    |  |  |  |  |
| 4   |  |           |          | 9        |           |           |          |          |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |    |  |  |  |  |
| 5   |  |           |          | 10       |           |           |          |          |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |    |  |  |  |  |
| 備註 Remarks : _____  |  |           |          |          |           |           |          |          |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |    |  |  |  |  |

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