

<b>VERIFICATION OF DEATH</b> (忌引証明書)		1. Date (年月日)
2. Name of Employee (Last/First) (従業員氏名)		3. Pass ID NO. (ベースパス 身分証明番号)
4. Organization/Unit (施設名)		
5. Address (住所)		
6. Date of Death (死亡年月日)	7. Relationship of Employee with the Deceased (死亡者との続柄)	
8. I CERTIFY THAT THE ABOVE STATEMENT IS TRUE. (上記の事柄は事実であることを証明します。)		
<p>Certified By Blood Relative: _____ (印)</p> <p>(証明人一血族)                      Name of Witness (証明者氏名)</p> <p>_____</p> <p>ADDRESS (証明者住所)</p>		
<p>THIS VERIFICATION OF DEATH NEEDS TO BE ATTACHED WITH THE LEAVE APPLICATION. (この証明書を休暇願に添付して提出して下さい。)</p> <p>PLEASE ATTACH THE AIR TICKET STUBS HERE FOR TRAVEL OUTSIDE OKINAWA PREFECTURE. (沖縄県外へ旅行した場合、航空券の半券をここに貼り付けて下さい。)</p>		