

VERIFICATION OF DEATH (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 (従業員から見た死亡者との続柄)	
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。)		
Certified By Blood Relative: _____ (証明人一血族)		(印)
Name of Witness (証明者氏名) _____		
ADDRESS (証明者住所) _____		
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。)		
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。)		