CERTIFICATE OF MEMORIAL CEREMONY

追悼行事証明書

Name of Employee: Name of Parent:

１．従業員氏名： Seal ２．父又は母の氏名：

印

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿ ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Relationship to Employee: Date of Parent’s Death:

３．従業員との関係 ４．父又は母の死亡日：

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿ ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Name of Memorial Ceremony (Anniversary Rite of Service. etc.):

５．法事の名称（周年祭葬儀又は行事等）：

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Memorial Ceremony:

６．法事の期日：

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Memorial Ceremony:

７．法事の場所：

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address)

（住所）