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Form HAS - 4

SOCIAL SECURITY BOARD  
DEATH CERTIFICATE

Serial No. ....

This is to certify that the undermentioned insured person :

Social Security No.

Name ..... Age..... Sex ..... Date of Death .....Time of Death  
.....a.m/p.m.....

Cause of Death .....

Next of Kin ..... Relationship .....

Address .....

Observations .....

Medical Officer

Date .....

Signature .....

Name .....

Clinic .....