



Donna Lent, Town Clerk

TC-01 rev. 06/20

Lauren Thoden, Deputy Town Clerk
One Independence Hill, Farmingville, NY 11738 (631)
451-9101 FAX: 451-9264

BIRTH CERTIFICATES

The Brookhaven Town Clerk’s Office maintains birth records for individuals born in the Town of Brookhaven, including births that occurred in Port Jefferson through December 31, 1963, and in the Villages of Lake Grove and Mastic Beach to the present. Any births that occurred in the Village of Port Jefferson from January 1, 1964 through the present are on file with the Village Clerk of Port Jefferson (631) 473-4724.

The only individuals eligible to obtain a birth certificate include:

- The person named on the certificate.
- A parent of the person named on the birth certificate is always entitled to a child’s birth certificate (requesting parent’s name must be on birth certificate).
- A person who has court-ordered legal custody/guardianship of the minor child listed on the birth certificate. If the applicant has legal custody/guardianship, a certified copy of the court order must accompany the request.
- An individual who has notarized authorization from the person named on the certificate (if 18 years of age or older) or either parent listed on the record. If the applicant has notarized authorization to obtain the record on behalf of an eligible individual, the original notarized statement must accompany the request.

Identification Requirements: Applications must be submitted with copies of either A OR B*:

- A. One (1) of the following forms of **valid** photo ID:
 - Driver’s License
 - DMV issued Non-Driver Photo ID
 - Passport
 - US Military ID
 - Naturalization Papers
 - Permanent Resident Card
 - Employee photo ID plus a pay stub from current employer
 - Police report of lost/stolen ID
- B. Two (2) of the following showing applicant’s name and address:
 - Utility or telephone bills dated within the last six (6) months
 - Letter from a government agency dated within the last (6) months
 - Pay stubs dated within the last six (6) months

***If the applicant’s name on the ID differs from the information on the birth certificate, a copy of the applicant’s marriage certificate, legal name change paperwork, citizenship papers or naturalization papers must accompany the request.**

ANY REQUESTS FOR A BIRTH CERTIFICATE TO BE MAILED TO A POST OFFICE BOX OR TO A THIRD PARTY MUST BE NOTARIZED.

Fee: \$10.00 per certified copy requested. No more than two (2) copies will be issued within a twelve-month period. Payment may be made by check or money order payable to “Donna Lent, Brookhaven Town Clerk”.



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Applicants should mail the completed application to the Brookhaven Town Clerk (see attached instructions for additional information or visit www.brookhavenny.gov). **Required ID and fee must be included with application.** No more than two (2) copies of a Birth Certificate will be issued within a 12-month period. Make check or money order payable to Donna Lent, Brookhaven Town Clerk. Fee: \$10 per copy or No Record Certification. Please do not send cash or stamps.

CERTIFICATE INFORMATION			
1. Name (as listed on Birth Certificate):			
First	Middle	Last	
2. Date of Birth		3. Place of Birth: Hospital (if not hospital, give street and number)	
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
M M	D D	Y Y	Y Y
		4. Village, Town or City	5. County
6. Father/Parent's Birth Name:		8. Birth Certificate No.: (if known)	
First	Middle	9. Local Registration No.: (if known)	
7. Mother/Parent's Birth Name:		10. No. of Copies Requested:	11. Amount Enclosed:
First	Middle	Last	
12. Purpose for which Record is Required: (Check One)			
<input type="checkbox"/> Passport <input type="checkbox"/> Employment <input type="checkbox"/> Driver's License <input type="checkbox"/> Veteran's Benefit <input type="checkbox"/> Social Security <input type="checkbox"/> Working Papers <input type="checkbox"/> Marriage License <input type="checkbox"/> Court Proceeding <input type="checkbox"/> Retirement <input type="checkbox"/> School Entrance <input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Entrance into Armed Forces <input type="checkbox"/> Other, Please Specify: _____			
APPLICANT INFORMATION			
13. Name:		14. Telephone:	
First	Middle	Last	
15. What is your relationship to the person whose record is required?: (If self, state "SELF")		16. If attorney, give name and relationship of your client to person whose record is required:	
		Name of Client	Relationship
17. Address of Applicant:		18. Name and Address Where Record Should Be Sent: (If delivery is to a P.O. Box or third party, you must submit with this application a notarized statement signed by the applicant stating such.)	
19. Signature of Applicant:		20. Date:	

This office requires written authorization of the person/parents whose record is requested.

TYPES OF ACCEPTABLE IDENTIFICATION:	FOR REGISTRAR USE ONLY
1. Valid Driver's License 2. Valid State-Issued Non-Driver's License 3. Passport 4. Naturalization Papers 5. Military ID 6. Employer's Photo ID with Pay Stub 7. Two Utility Bills Showing Applicant's Name and Address 8. Police Report of Lost or Stolen ID	DO NOT ISSUE COPY UNLESS ONE OF TYPES OF ID IS PRESENTED. Photocopy of ID and attach to application form. Type of ID: <input type="checkbox"/> Driver's License: State _____ No. _____ <input type="checkbox"/> Other ID, specify: _____ No.: _____