



Donna Lent, Town Clerk

Patricia Ryan, Chief Deputy Town Clerk
One Independence Hill, Farmingville, NY 11738
(631) 451-9101 FAX: 451-9264

**Notarized Authorization to Mail a Birth Certificate to a Post Office Box
or Third-Party Address**

I, _____, hereby authorize the Office of the Town Clerk of the Town of Brookhaven to
mail the requested birth certificate to:

_____.

Signed

Phone Number

Date

STATE OF _____

COUNTY OF _____

On the ____ day of _____ in the year _____, before me, the undersigned, personally appeared
_____ proved to me on the basis of satisfactory evidence to be the individual whose name
is subscribed to the within instrument and acknowledge that he executed the same in his capacity, and that by
his signature on the instrument, the individual, or the person upon behalf of which the individual acted,
executed the instrument.

Notary Public