Notarized Authorization for a Third-Party to Obtain a Death Certificate

I, ______________________, hereby authorize ______________________ to obtain ____ copy(ies) of the following death certificate:

Decedent’s Name: ______________________
Date of Death: ______________________
Place of Death: ______________________
My Relationship to Decedent: ______________________

_________________________  ______________________
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
Notarized Authorization to Mail a Death Certificate to a Post Office Box

or Third-Party Address

I, ________________________, hereby authorize the Village of Patchogue to mail the requested death 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