

**Written Notarized Consent for Body Piercing of a Minor**

Use of this form is voluntary and not required by the Department of Health. The form is provided as a service to assist salons in complying with the record-keeping requirements of Chapter 64E-19, Florida Administrative Code.

State of Florida

County of \_\_\_\_\_

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

personally appeared \_\_\_\_\_,

(Name of Parent/Guardian)

who, under oath or affirmation, makes the following statements under penalties of perjury:

I am the parent/legal guardian of \_\_\_\_\_,  
(Name of Minor)

a minor, whose date of birth is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Month) (Day) (Year)

and I consent to the body piercing of \_\_\_\_\_'s  
(Name of Minor)

\_\_\_\_\_  
[Location(s) of Piercing(s)]

I accept that I must be present at the piercing if my child is under 16 years of age.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

**Sworn to/affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,**

**by \_\_\_\_\_, who is personally known to me or who presented**

\_\_\_\_\_ **as satisfactory identification.**  
(Form of identification)

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Name of Notary typed, stamped or printed)

(Notary Seal)

<b>For Office Use Only</b>
_____ (Printed Name of Licensed Salon)
_____ (Signature of Piercer)
_____ (Printed Name of Piercer)