



| |
|----------------------------------|
| For Office Use Only |
| _____ |
| (Printed Name of Licensed Salon) |
| _____ |
| (Signature of Tattoo Artist) |
| _____ |
| (Printed Name of Tattoo Artist) |

STATE OF FLORIDA
DEPARTMENT OF HEALTH
Authority 381.00789, Florida Statutes
**WRITTEN NOTARIZED CONSENT FOR TATTOOING OF A MINOR CHILD,
AGE 16 THROUGH 17 YEARS OLD**

State of Florida }
County of _____ } Ss:

(Print Name of Parent or Legal Guardian)

Residing at: _____

HEREBY SWEARS OR AFFIRMS UNDER PENALTY OF PERJURY, that the following facts as stated in this document are true:

1) I am the natural parent or legal guardian of: _____
(Print Name of Minor Child)

2) The Minor Child's date of birth is: _____
(Month) (Day) (Year)

3) The child's age is: _____.

4) I have the legal authority to give consent for this child's Tattoo.

5) I consent to the tattooing of my child as follows: (description & location of Tattoo)

(Signature of Parent/Legal Guardian)

SWORN TO, OR AFFIRMED, IN PERSON BEFORE ME, this _____ day of

_____, 20____, by _____
(Print Name)

who is personally known to me, *or*, who produced satisfactory identification in the form of

Seal:

(Signature of Notary)

(Print Name of Notary)