

BLACK SWAN — TATTOO —

STATE OF FLORIDA
DEPARTMENT OF HEALTH

For Office Use Only

(Printed Name of Licensed Salon)

(Signature of Tattoo Artist)

(Printed Name of Tattoo Artist)

WRITTEN NOTARIZED CONSENT FOR PIERCING/TATTOOING OF MINOR TATTOOING MINOR LIMITED TO AGES 16 AND 17

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 to the piercing/tattooing of this child.
- 5) I consent to the tattooing/piercing of my child as follows:(location and description of tattoo/piercing)

(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 _____

(Signature of Notary)

Seal:

(Print Name of Notary)