



(Printed Name of Licensed Salon)

For Office Use Only

(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

** BOTH Parent/Guardian AND minor must have ID at time of service ** No ID. No Service 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:____ 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)

DH 4146, 7/12 64E-28.009, F.A.C.