

WRITTEN NOTARIZED CONSENT FOR TATTOO WORK ON 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 personally appeared _____
(Name of Parent/Legal Guardian)

who freely declares:

I am the parent/legal guardian of _____, a minor whose date
(Minor's Name)

Of birth is __/__/__, and I consent to the tattoo of _____'s
(Minor's Name)

(Location of Tattoo)

I acknowledge that I must be present at the Tattooing if my child is under 18 years of age.

(Signature of Parent/Legal Guardian)

Acknowledged before me this ____ day of _____, 20____, by

_____ who is personally known to me or presented
(Name of Parent/Legal Guardian)

_____ as identification.
(Form of Identification)

(Printed Name of Licensed Salon)

(Notary Signature)

(Tattooest Signature)

(Name of Notary Printed, Typed, or Stamped)

(Printed Name of Tattooest)