



STATE OF FLORIDA
DEPARTMENT OF HEALTH
Authority 381.00771, Florida Statute, and Chapter 64E-28, Florida Administrative Code
Written Notarized Consent for Tattooing of a Minor

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/guardian of _____
(Name of Minor)

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

and I consent to the tattooing of _____'s
(Name of Minor)

(Description and Location of Tattoo)

(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)

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

(Notary Seal)