

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)

1. The Minor Child’s date of birth is:

 (Month) (Day) (Year)

1. The child’s age is: .
2. I have the legal authority to give consent for this child’s Tattoo.

1. 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.