

Parental Guardian Consent For Tattoo

State of _____ }

County of _____ }

(Printed name of parent or legal guardian)

Residing at: _____

Hereby swears and 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 _____, 20_____
(Month) (Day) (Year)

3) The child's age is: _____

4) I have legal authority to give consent for this child's tattoo

5) I consent to the tattooing of my child as

follows: _____

(Description and location of tattoo on child)

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: