

905 Savoy Rd., Suite 9
Youngsville, LA 70592



337.573.4044
www.inkophilia.com

PARENTAL CONSENT FORM
TATTOO/PIERCING OF A MINOR

CHILD'S NAME _____ DOB: _____

PARENT/LEGAL GUARDIAN _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

I HEREBY SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, that the following facts as stated in this document are true and correct:

- I am the natural parent or legal guardian of _____.
(Print name of minor child)
- The minor child's age is: _____.
- Service the child is receiving: _____ Tattoo _____ Piercing
- I have the legal authority to give consent for this child's tattoo/piercing. _____ Yes _____ No

Signature _____ Date: _____