STATE OF FLORIDA

DEPARTMENT OF HEALTH Authority 381.00789, Florida Statutes

(Printed Name of Tattoo Artist)

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 AFFIR			
following facts as stated in this docu	iment are true:	ALIT OF PERJUR	r, that the
1) I am the natural parent or legal guar	dian of		
, and the good good	(Print	Name of Minor Child)	
2) The Minor Child's date of birth is:			
2) The Minor Child's date of birth is:3) The child's age is:	(Month)	(Day)	(Year)
4) I have the legal authority to give con-		's Tatta	
5) I consent to the tattooing of my child	as follows: (desc	cription & location o	f Tattoo)
			,
Signature of Parent/Legal Guardian)			
SWORN TO OR AFFIRMED IN	DEDOON DES		
SWORN TO, OR AFFIRMED, IN	PERSON BEFO	RE ME, this	day of
, 20, by			
		(Print Name)	
no is personally known to me, <i>or,</i> who p	roduced satisfac	tamillante u	
μ,, β	roddoed Salisial	cory identification i	n the form of
	Seal:		
gnature of Notary)	Seal.		
nt Name of Notary)			



STATE OF FLORIDA DEPARTMENT OF HEALTH

Name Salon)
(Signature of Tuttoo Artist)
(Printed Name of Tattoo Artist)

Authority 381.00789, Florida Statutes

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(Print Name of Parent or Legal Guardian)			
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2) The Minor Child's date of birth is:_	(Month)	(Day)	(Year)
3) The child's age is:	(Month)	(Day)	(1601)
4) I have the legal authority to give co	nsent for this child	l's Tattoo.	
5) I consent to the tattooing of my chil	d as follows: (des	cription & location o	f Tattoo)
			•
(Signature of Parent/Legal Guardian)			
SWORN TO, OR AFFIRMED, I			
, 20, k	oy	(2::1)	
who is personally known to me, or, who	produced satisfa	ctory identification in	n the form of
	Seal:		
(Signature of Notary)			
(Print Name of Notary)			



STATE OF FLORIDA DEPARTMENT OF HEALTH Authority 381,00789, Florida Statutes

	For Office Use Only
	(Printed Hame of Licensed Salon)
makenan	(Signature of Tattoo Artist)
denkos	(Printed Name of Tatton Actist)

WRITTEN NOTARIZED CONSENT FOR TATTOOING OF A MINOR CHILD, AGE 16 THROUGH 17 YEARS OLD

(Print Name of Parent or Legal Guardian) Residing at:	State of Florida)		
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) 2) The Minor Child's date of birth is: (Month) (Day) (Year) 3) The child's age is: (Month) (Day) (Year) 4) I have the legal authority to give consent for this child's Tattoo. 5) 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) tho is personally known to me, or, who produced satisfactory identification in the form of Signature of Notary)	County of	} Ss:		
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SWORN TO, OR AFFIRMED, IN PERSON BEFORE ME, thisday of, 20, by				
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, 20, by	Signature of Parent/Legal Guardian)			
, 20, by	SWORN TO, OR AFFIR	RMED. IN PERSON BEF	ORE ME. this	day of
(Print Name) Tho is personally known to me, or, who produced satisfactory identification in the form of Seal:				day or
tho is personally known to me, or, who produced satisfactory identification in the form of Seal:		20, by	(D-i-4 M)	
Seal: Signature of Notary)			(Print Name)	
Signature of Notary)	ho is personally known to me	, or, who produced satisf	actory identification i	n the form of
Signature of Notary)				
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Signature of Notary)				
		Sea	d:	
Print Name of Notary)	oignature of Notary)			
Print Name of Notary)				
	Print Name of Notary)			