



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)