

Scratch the Surface Tattoo
Professional Tattoo and Piercing Studios
International Drive, Orlando FL 32819

WRITTEN NOTARIZED CONSENT FOR BODY PIERCING / TATTOO OF A MINOR

Use of this form is voluntary and not required by the Department of Health. The form is provided to assist salons in complying with record keeping requirements of Chapter 64E-19, Florida Administrative Code.

State of Florida; County of _____

Before me this _____ day of _____, 20_____

Personally appeared _____
(Name of Parent or Legal Guardian)

Who, under oath or affirmation, makes the following statement under penalty of perjury:

I am the parent / legal guardian of _____
(Name of Minor)

A minor whose date of birth is _____ / _____ / _____
(Month) (Day) (Year)

And I consent to the body piercing / tattoo of _____'s
(Name of Minor)

(Location of Piercing(s) or Tattoo(s))

I accept that I must be present at the piercing / tattoo if my child is under 16 years of age.

(Signature of Parent or Legal Guardian)

Sworn to/affirmed and subscribed before me this _____ day of _____, 20_____

By _____ who is personally known to me or
(Name of Parent or Legal Guardian)

Who presented _____ as satisfactory identification.
(Form of Identification)

(Notary Signature)

(Name of Notary Printed, Typed or Stamped)

<p>For Office Use Only Scratch The Surface Tattoo</p> <p>_____ (Piercer/Tattoo Artist Signature)</p> <p>_____ (Piercer / Tattoo Artist Printed Name)</p>	<p>(Notary Seal)</p>
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