For Office Use Only
CHERRY HILL TATTOO
(Printed Name of Licensed Salon)

(Signature of Piercer)

(Printed Name of Piercer)

STATE OF FLORIDA
DEPARTMENT OF HEALTH

WRITTEN NOTARIZED CONSENT FOR BODY PIERCING OF A MINOR CHILD

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

State of Florida }
County of _____ } Ss:

_____
(Print Name of Parent or Legal Guardian)

Residing at:_____

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:_____.

4) I have the legal authority to give consent to the body piercing of this child.

5) I consent to the body piercing of my child as follows: (location of piercing)

_____

_____

_____

_____
(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:

_____
(Print Name of Notary)