STATE OF FLORIDA
DEPARTMENT OF HEALTH
WRITTEN NOTARIZED CONSENT FOR TATTOO OF A MINOR CHILD AGES 16 THROUGH 17 YEARS OLD

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 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)

who is personally known to me, or, who produced satisfactory identification in the form of

_____

_____ **Seal:**
(Signature of Notary)

_____
(Print Name of Notary)