

# Ink Ink Tattoos & Exotic Body Piercing

## 352-394-1882

556 S. HWY 27 Suite D, Minneola FL 34715

### 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 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 \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_  
(Name of Parent/ Legal Guardian)

who freely declares:

I am the parent/ legal guardian of \_\_\_\_\_, a minor whose date of birth  
(Minor's Name)

is \_\_\_/\_\_\_/\_\_\_, and I consent to the body piercing/ tattooing of \_\_\_\_\_'s  
(Minor's Name)

\_\_\_\_\_  
(Location of Piercing(s)/ tattoo(s))

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

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_ who is personally known to me or  
(Name of Parent/Legal Guardian)

presented \_\_\_\_\_ as identification.

(Form of Identification)

Ink Ink Tattoos

(Printed Name of Licensed Salon)

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Piercer Signature)

\_\_\_\_\_  
(Name of Notary Printed, Typed, or Stamped)

\_\_\_\_\_  
(Printed Name of Piercer)

(SEAL)