



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)

<p><b>For Office Use Only</b></p> <p>_____          (Printed Name of Licensed Salon)</p> <p>_____          (Signature of Tattoo Artist)</p> <p>_____          (Printed Name of Tattoo Artist)</p>
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(Notary Seal)