

Written Notarized Consent for Body Piercing 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 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/legal guardian of _____,
(Name of Minor)

a minor, whose date of birth is _____, _____, _____,
(Month) (Day) (Year)

and I consent to the body piercing of _____'s
(Name of Minor)

[Location(s) of Piercing(s)]

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

(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)

(Notary Seal)

For Office Use Only
_____ (Printed Name of Licensed Salon)
_____ (Signature of Piercer)
_____ (Printed Name of Piercer)