



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)

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

(Notary Seal)