

# TWISTED IMAGE TATTOO STUDIOS

## Written Notarized Consent for Body Piercing 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/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)

<b>For Office Use Only</b>
<b>TWISTED IMAGE TATTOO STUDIO</b>
_____ (Signature of Piercer)
_____ (Printed Name of Piercer)
<b>JEWELRY USED:</b>
GAUGE _____
LENGTH: _____
TYPE: _____