

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)