

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

County of				
Before me thisday of		, 2	20,	
Personally appeared(Name	of Donost/Overdien)			
who, under oath or affirmation, makes the f	ollowing statemer	nts under	penalties of	perjury:
I am the parent/guardian of	(Name of Minor	r)		,
a minor, whose date of birth is	(Month)	, (Day)	, (Year)	,
and I consent to the tattooing of	(Name of Mino	or)		's
(Descript	ion and Location of Tatt	too)		•
	(Signature of	Parent/Lega	I Guardian)	
	(Signature of	Parent/Lega	ıl Guardian)	
Sworn to/affirmed and subscribed before	, -		·	,
Sworn to/affirmed and subscribed befor by, who is per	e me this	da	ıy of	,
by, who is per	e me this	da	ny of	,
by, who is per	e me this	da	ny of	
by, who is per	e me this rsonally known to as satisf	da	ny of no presented entification.	,
by, who is per	e me this rsonally known to as satisf	da me or wh factory ide	ny of no presented entification.	
(Form of Identification)	e me this rsonally known to as satisf	da me or wh factory ide	ny of no presented entification.	
by	e me this rsonally known to as satisf	da me or wh factory ide	ny of no presented entification.	

(Notary Seal)