

**CONSENT TO PERFORM TATTOOING or BODY PIERCING ON A MINOR**  
**(Any person under 18 years of age.)**

**Section 1 - Minor**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 2 – Parent/Legal Guardian**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I hereby give my consent to have a Tattoo/Body Piercing procedure performed on \_\_\_\_\_, the minor child named in Section 1 of this form. I certify that I am the lawful parent/legal guardian of said minor child. I have received and read the educational information and aftercare instructions regarding this procedure and consent to the procedure nonetheless.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(MUST BE SIGNED IN PRESENCE OF A NOTARY)*

*Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

**Notary Public Signature** \_\_\_\_\_  
**Notary Public Name** \_\_\_\_\_  
(Typed or Printed)  
**State** \_\_\_\_\_ **County of** \_\_\_\_\_  
**My commission expires** \_\_\_\_\_

Notary Seal or Stamp

**Section 3 – Operator**

**Operator Name** \_\_\_\_\_ **License #** \_\_\_\_\_  
**Establishment Name** \_\_\_\_\_ **License #** \_\_\_\_\_

Type of Procedure to be performed: \_\_\_\_\_

Location of the body where procedure is to be performed: \_\_\_\_\_

I certify that the person representing him/herself to be the parent/legal guardian (named in Section 2 of this form) of the minor child (named in Section 1 of this form) is physically present and has shown me his/her government issued photo identification document (such as a state driver's license or state identification card). I further certify that the photograph on said identification document bears a reasonable resemblance to the person presenting same. A photocopy of said document is attached to this consent form.

In addition, I certify that neither the minor child (named in Section 1 of this form) nor the parent/legal guardian (named in Section 2 of this form) appears to be under the influence of alcohol or drugs.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Attach copy of photo id