

For Office Use Only				
	Magnolia Tattoo & Piercing Company			
	(Printed Name of Licensed Salon)			
(Signature of Body Piercer)				

STATE OF FLORIDA (Printed Name of Body Piercer) DEPARTMENT OF HEALTH WRITTEN NOTARIZED CONSENT FOR BODY PIERCING OF A MINOR CHILD

State of Florida County of Leon	} } Ss:		
(Print Name of Parent or Legal Guardian)			
Residing at:			
HEREBY SWEARS OR AFF following facts as stated in this do		TY OF PERJUR	Y, that the
1) I am the natural parent or legal g	uardian of:		
2) The Minor Child's date of birth is:	(Month)	(Dav)	(Year)
3) The child's age is:	(iwontin)	(Day)	(Teal)
 I have the legal authority to give a 	consent to the body pie	rcing of this child	J.
5) I consent to the body piercing of r			,
(Signature of Parent/Legal Guardian)			
SWORN TO, OR AFFIRMED			-
, 20	_, by	(Print Nama)	
who is personally known to me, <i>or,</i> w	vho produced satisfacto	bry identification	in the form of
	Seal:		
(Signature of Notary)			
(Print Name of Notary)	-		