



For Office Use Only Body Piercing by Bink <small>(Printed Name of Licensed Salon)</small>
_____ <small>(Signature of Piercer)</small>
_____ <small>(Printed Name of Piercer)</small>

STATE OF FLORIDA
DEPARTMENT OF HEALTH

WRITTEN NOTARIZED CONSENT FOR BODY PIERCING OF A MINOR CHILD

Use of this form is voluntary and not required by the Department of Health. This 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 LEON } Ss:

 (Print Name of Parent or Legal Guardian)

Residing at: _____

HEREBY SWEARS OR AFFIRMS UNDER PENALTY OF PERJURY, that the following facts as stated in this document are true:

1) I am the natural parent or legal guardian of: _____
(Print Name of Minor Child)

2) The Minor Child's date of birth is: _____
(Month) (Day) (Year)

3) The child's age is: _____.

4) I have the legal authority to give consent to the body piercing of this child.

5) I consent to the body piercing of my child as follows: (location of piercing)

 (Signature of Parent/Legal Guardian)

SWORN TO, OR AFFIRMED, IN PERSON BEFORE ME, this _____ day of

_____, 20____, by _____
(Print Name)

who is personally known to me, *or*, who produced satisfactory identification in the form of

 (Signature of Notary)

Seal:

 (Print Name of Notary)