

# PARENTAL / GUARDIAN CONSENT FOR TATTOO

State of \_\_\_\_\_ }

County of \_\_\_\_\_ } 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: \_\_\_\_\_, 20\_\_\_\_\_  
(Month) (Day) (Year)

3) The child's age is: \_\_\_\_\_.

4) I have the legal authority to give consent for this child's Tattoo.

5) I consent to the tattooing of my child as follows: \_\_\_\_\_

\_\_\_\_\_  
(Description and Location of Tattoo on Child)

\_\_\_\_\_  
**Signature** of Parent/Legal Guardian

**(IF REQUIRED)**

**SWORN TO, OR AFFIRMED, IN PERSON BEFORE ME,** this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ who is  
(Print Name)

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

\_\_\_\_\_  
(Signature of Notary)

SEAL:

\_\_\_\_\_  
(Print Name of Notary)