

MINOR (CHILD) PIERCING CONSENT

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 to the body piercing of this child.
- 5) I consent to the body piercing of my child as follows: _____
(Location of Piercing 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)