



# SPARTANS INK

## 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

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(Signature of Notary)

SEAL:

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(Print Name of Notary)

