

MINOR (CHILD) PIERCING CONSENT FORM

State of _____

County of _____

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: _____
- 2) My child's date of birth is: _____
- 3) My 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 piercing of my child as follows:

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____