



1654 McLendon Ave Atlanta, GA 30307 | 404.378.9100 | piercingexp.com

## Written Notarized Consent for Body Piercing of a Minor Child

\_\_\_\_\_  
(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 \_\_\_\_\_

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

\_\_\_\_\_  
Print Name of Notary

SEAL:

\_\_\_\_\_  
Signature of Notary