

DECLARATION OF CONSENT OF THE LEGAL GUARDIAN

PIERCING / TATTOO

DATA OF THE LEGAL GUARDIAN:

FULL NAME:

ADDRESS:

PHONENUMBER:

E-MAIL:

DATA OF THE PERSON TO BE PIERCED / TATTOOED:

FULL NAME:

DATE OF BIRTH:

ADDRESS:

AS A LEGAL GUARDIAN OF THIS PERSON, I PERMIT

A **TATTOO** / **PIERCING** TO BE DONE ON THE FOLLOWING BODY PART:

EXACT DEFINITION (LOBE, HELIX, ETC. ...) AND QUANTITY!

WITH MY SIGNATURE I CONFIRM THAT THERE ARE NO HEALTH CONTRAINDICATIONS AND THAT THE INFORMATION I HAVE PROVIDED IS CORRECT.

I HAVE ENCLOSED OFFICIAL PHOTO IDENTIFICATION (COPIES) OF BOTH PERSONS.

DATE AND SIGNATURE OF THE LEGAL GUARDIAN