



Date _____

Notarized Statement Of A Minor Under 18 Years Of Age

I am giving my son / daughter consent to get a tattoo or piercing from Gallery X Art Collective

PLEASE PRINT

Custodial Parent Or Legal Guardian

Full Name

Identification Number

Phone#

Address

City

Relationship

Parent Signature _____

PLEASE PRINT

Minor Information

Full Name

Date of Birth

Identification Number

Minor Signature _____

Notary Information

Notary Signature _____

Exp _____