

TATTOO/PIERCING CUSTOMER INFORMATION

Note: All information provided shall be kept with strict confidentiality


1 LAST NAME: FIRST NAME:

2 STREET: CITY/PROV : ZIPCODE:

3 DAYTIME PHONE: - - EVENING PHONE: - -

4 IDENTIFICATION: Government issued photo ID with proof of signature required
Photo ID provided (check one):
 Passport
 Driver's License
 Voter's ID
 Postal IN
 Other photo ID:

Photo

5 DATE OF BIRTH: / /  If you are under 18, a guardian will need to sign for you (below)

6 SIGNATURE: DATE: - -

I hereby affirm under the penalties of perjury that the preceding statements are true/correct to the best of my knowledge.

GUARDIAN CONSENT (ONLY NEEDED FOR MINORS)

LAST NAME: FIRST NAME:

STREET: CITY: STATE: ZIPCODE:

DAYTIME PHONE: - - EVENING PHONE: - -

IDENTIFICATION: Government issued photo ID with proof of signature required
Photo ID provided check one):
 Passport
 Driver's License
 Voter's ID
 Postal IN
 Other photo ID:

Photo

DATE OF BIRTH: / /

GUARDIAN SIGNATURE: DATE: - -

By signing as the above minor's legal guardian I take full responsibility for any legal issues that may take place in reference to the above minor. Also by signing I give _____ consent to perform the above modification on the listed minor. I understand that I must be present and sign for any future modifications while the above listed is under the legal age .

I affirm under the penalties of perjury that the foregoing statements are true/correct to the best of my knowledge.

Tattoo/Piercing Process Information

Note: All information provided shall be kept with strict confidentiality

1 LAST NAME:

FIRST NAME:

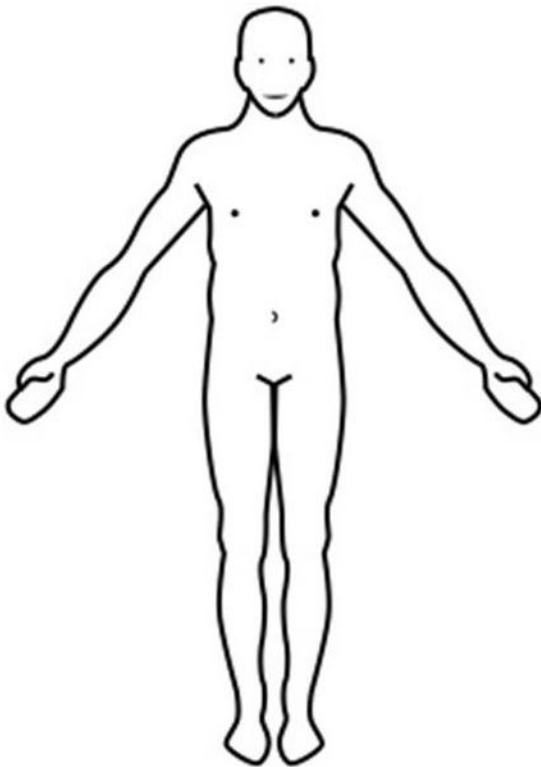
2 I'M GETTING A: Tattoo Piercing

FROM:

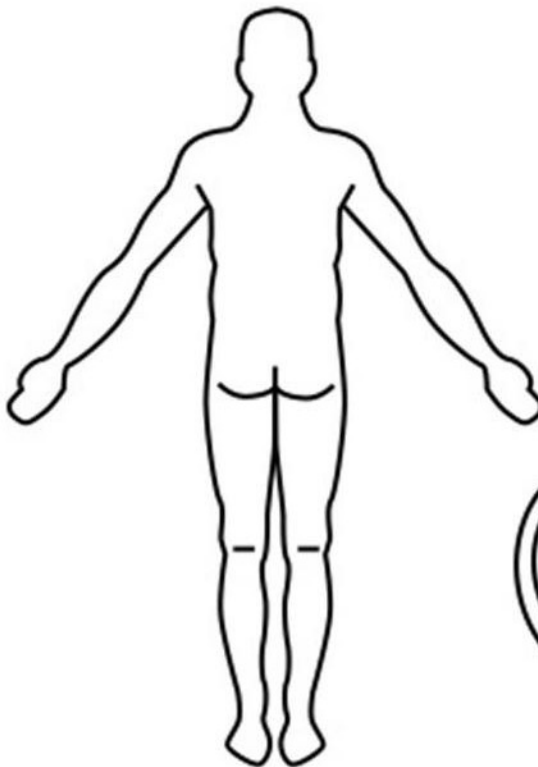
Other artist:

3 Please describe your Tattoo(s) or Piercing(s):

4 Use the diagram below to indicate where your tattoo(s) or piercing(s) will be located:



FRONT



BACK



RIGHT EAR



LEFT EAR

Attach Image of Actual Tattoo or Piercing after Procedure Here or Attach additional page if needed

5 SIGNATURE:

DATE: - -

I hereby affirm under the penalties of perjury that the preceding statements are true/correct to the best of my knowledge.

GUARDIAN CONSENT (ONLY NEEDED FOR MINORS)

GUARDIAN SIGNATURE:

DATE: - -

By signing as the above minor's legal guardian I take full responsibility for any legal issues that may take place in reference to the above minor. Also by signing I give _____ consent to perform the above modification on the listed minor. I understand that I must be present and sign for any future modifications while the above listed is under the legal age .

I affirm under the penalties of perjury that the foregoing statements are true/correct to the best of my knowledge.