

**ALBANY COUNTY HEALTH DEPARTMENT**

**CONSENT TO TATTOOING/  
BODY PIERCING PROCEDURE**

I, \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_, in the City/Town of \_\_\_\_\_,  
County of \_\_\_\_\_, State of \_\_\_\_\_,

Being over the age of eighteen years, do hereby consent to the administration upon  
me of a certain tattooing/body piercing procedure by \_\_\_\_\_,  
Tattoo/body piercing artist, more particularly described in a record maintained by  
said tattoo/body piercing artist bearing the same date as this consent, and do hereby  
acknowledge that I have received a written information sheet from said tattoo/body  
piercing artist concerning the risks involved with the procedure and its possible  
complications, as well as written instructions concerning aftercare procedures, and  
have fully reviewed and discussed the same with the tattoo/body piercing artist.

Dated : \_\_\_\_\_

\_\_\_\_\_  
Signature of Patron