ALBANY COUNTY HEALTH DEPARTMENT
RECORD OR INDIVIDUAL TATTOOING/
BODY PIERCING PROCEDURE

Name of patron: _____

Address of patron: _____

Date of birth (See Note 1 below): _____

Documents reviewed to verify patron's age:
(must include a minimum of two (2) forms of valid identification, one of which Must be #1, #2, or #3 from the list below)

1. Driver's License: State _____ Lic. No_____
2. Sheriff's ID No. _____
3. Birth Certificate: Issuing office _____ Cert. No _____
4. Other (specify, e.g., credit card, passport, etc.)_____

Parental consent form (if required): Yes _____ Not applicable _____
Date of tattooing and/or piercing procedure: _____
Tattoo design and/or nature of piercing: _____
Anatomical location of tattoo/piercing: _____
Name of tattoo/piercing artist: _____
Location of tattoo/body piercing shop: _____

PLEASE NOTE:

1. It is illegal to tattoo a minor (a person under the age of eighteen years) in New York State. A body piercing, other than one performed solely upon the ear lobe is authorized only upon the written, notarized consent of at least one parent or legal guardian, who must file the same in person at the body piercing shop.

2. All records pertaining to a tattoo/body piercing must be kept on file in a bound book at the tattoo/body piercing shop for a minimum period of three (3) years from the date of the procedure and a copy thereof given to the patron upon completion of the procedure.

Dated: _____ _____
Signature of tattoo/body piercing artist

_____
Signature of patron (or of parent/legal Guardian filing consent)