

Parental declaration

Name:

Address:

Date of birth:

as the parent of child

Child's name:

Child's address:

Child's date of birth:

I agree that Gabriella Pataki (piercer) do a piercing for my child.

I accept that the piercing will be in my child's ear / nose. (after extraction a hole or a scar may remain)

I accept that the insertion of this piercing is done by stabbing and we are obligated to take care of it.

Date:

.....

signature