

NOTE: The information below is required by the Indiana Health Department. All information will kept confidential.

1 **LAST NAME:** **FIRST NAME:**

2 **STREET:** **CITY:** **STATE:** **ZIPCODE:**

3 **DAYTIME PHONE:** - - **EVENING PHONE:** - -

4 **IDENTIFICATION:** The Indiana Health Department requires a photo identification and a proof of signature:

Photo ID provided (check one):

- Driver's License
- Student ID
- State ID
- Employee ID
- Other photo ID:

Signature ID provided (check one):

- Credit/Debit card
- Calling card
- Wholesale membership card
- Hunting/Fishing license
- Other:

Please attach your ID's to this form so they can be photocopied.

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 purgery 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: The Indiana Health Department requires a photo identification and a proof of signature:

Photo ID provided check one):

- Driver's License
- Student ID
- State ID
- Employee ID
- Other photo ID:

Signature ID provided check one):

- Credit/Debit card
- Calling card
- Wholesale membership card
- Hunting/Fishing license
- Other:

Please attach your ID's to this form so they can be photocopied.

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 Marked for Life Tattoo 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 purgery that the foregoing statements are true/correct to the best of my knowledge.

MARKED FOR LIFE TATTOO MODIFICATION INFORMATION

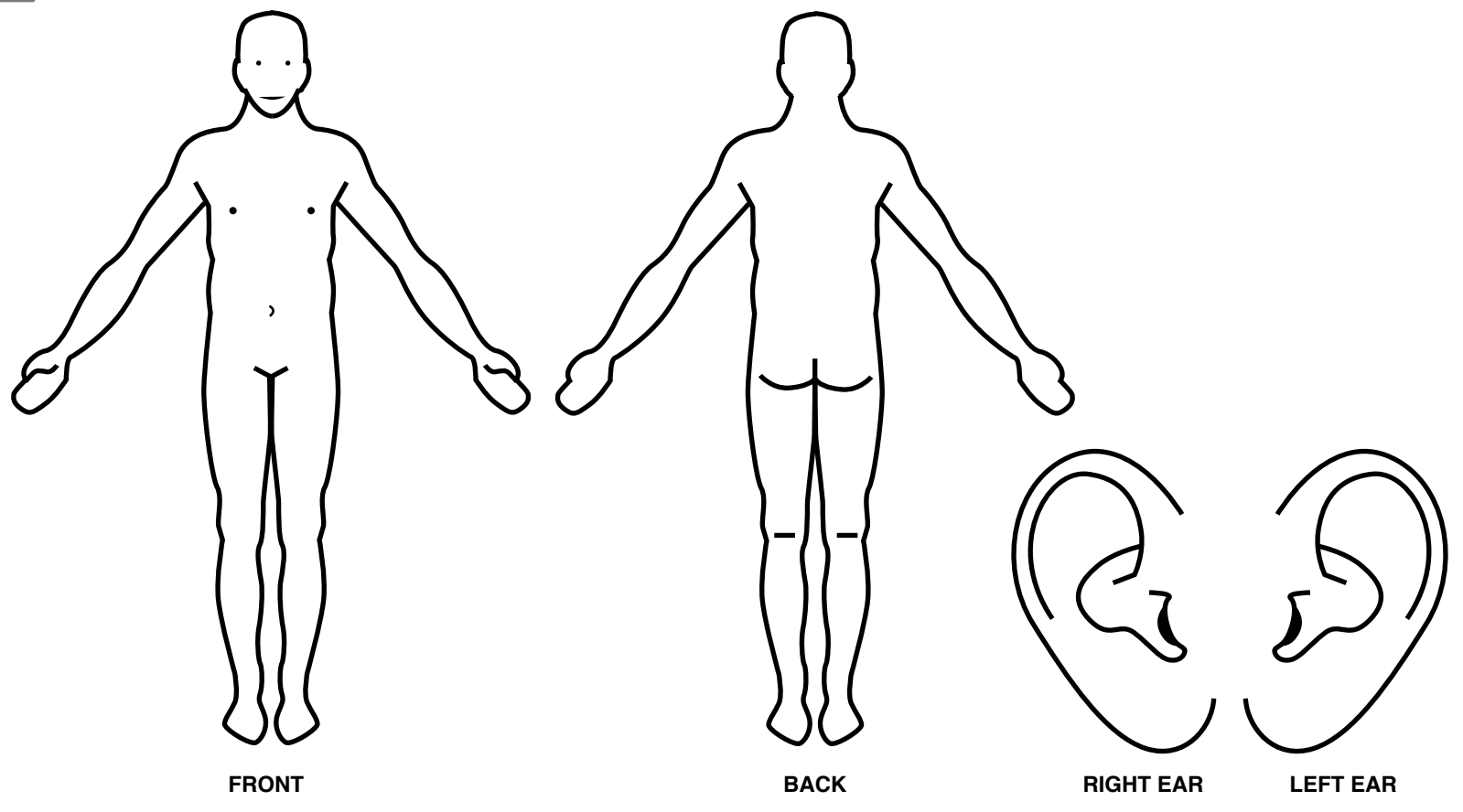
NOTE: The information below is required by the Indiana Health Department. All information will kept confidential.

1 LAST NAME: [] FIRST NAME: []

2 I'M GETTING A: Tattoo Piercing FROM: Mark Isaacs, Owner 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:



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 Marked for Life Tattoo 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.