



GUILFORD COUNTY

DEPARTMENT OF PUBLIC HEALTH
ENVIROMENTAL HEALTH DIVISION

APPLICATION FOR BODY PIERCING REGISTRATION

COMPLETE ALL PARTS OF THIS FORM. PLEASE TYPE OR PRINT IN INK.

If you have any questions, please call the program office at (336)641-3771



NAME _____

FIRST

MIDDLE

LAST

Male

Female

DATE OF BIRTH _____

FACILITY NAME _____ YEARS EXPERIENCE _____

FACILITY ADDRESS _____

PHYSICAL ADDRESS

CITY

STATE

ZIPCODE

MAILING ADDRESS _____

(IF MAIL CAN NOT BE DELIVERED TO THE ABOVE FACILITY ADDRESS)

WORK PHONE NUMBER _____

CELL PHONE NUMBER _____

I have examined the above application for registration and the information given is true, correct and complete to the best of my knowledge.

Signed _____ Date _____

Environmental Health
1203 Maple St. Greensboro, N.C. 27405
(336)641-3771