



<b>APPLICATION FOR ETHNIC INDIGENOUS AND TRIBAL HERITAGE PERSONAL PROTECTION ORDER (FOR ADULTS)</b>			
<b>PERSONAL HERITAGE PROTECTION ORDER PROCESSING INSTITUTION DETAILS</b>			
INSTITUTION			
DEPARTMENT			
STREET NAME			
BLOCK NUMBER		SUITE NUMBER	
TOWN NAME		POSTAL CODE	
COUNTY NAME		TELEPHONE	
STATE NAME		FACSIMILE	
COUNTRY NAME		EMAIL	
<b>IDENTIFICATION DOCUMENT DETAILS</b>		<b>CONTACT DETAILS</b>	
DOCUMENT TYPE		TELEPHONE	
SERIAL NUMBER		FACSIMILE	
ISSUE DATE		SMS	
EXPIRE DATE		EMAIL	
GOV. NUMBER			
<b>IDENTIFICATION PERSONAL DETAILS</b>		<b>PERMANENT RESIDENCE DETAILS</b>	
FIRST NAME		STREET NAME	
MIDDLE NAME		HOUSE NUMBER	
LAST NAME		UNIT NUMBER	
BIRTH DATE		TOWN NAME	
BIRTH PLACE		POSTAL CODE	
BIRTH COUNTRY		COUNTY NAME	
CITIZENSHIP		STATE NAME	
GENDER		COUNTRY NAME	
<b>OTHER INFORMATION</b>			



I \_\_\_\_\_, VOLUNTARILY DECLARE  
BEFORE THE \_\_\_\_\_, IN THE TOWN OF  
\_\_\_\_\_, ON THE \_\_\_\_\_ DAY  
OF THE MONTH OF \_\_\_\_\_, YEAR \_\_\_\_\_, NOT  
BEING UNDER THE INFLUENCE OF SUBSTANCES THAT DISTURB MY CONSCIOUSNESS AND WILL  
TO DECIDE, REFERRING TO ARTICLE II OF UN RESOLUTION 260/(A) III FROM 09.12.1948 I WANT TO  
PROTECT MY OWN NATURAL TRIBALITY THEREFORE IN FULL KNOWLEDGE, I WILLINGLY AND  
VOLUNTARY DECLARE NO CONSENT TO:

**A. ALL OPPOSITE BIOLOGICAL GENDER INTERTRIBAL RELATIONSHIPS, THAT IS ANY  
HETERO TRIBAL RELATIONSHIPS WITH OPPOSITE BIOLOGICAL GENDER LEADING TO  
EXTRATRIBAL INTIMACY, SEXUALITY, FETUS, MARRIAGE, AND ANY SELECTED BELOW  
HETERO TRIBAL ASSOCIATIONS WITH BELOW SELECTED BIOLOGICAL GENDERS:**

- ☐ 1. HETERO TRIBAL CULTURAL, SPIRITUAL, RELIGIOUS ASSOCIATIONS.
  - ☐ a. OPPOSITE BIOLOGICAL GENDER.
  - ☐ b. SAME BIOLOGICAL GENDER.
- ☐ 2. HETERO TRIBAL PUBLIC, SOCIAL, COMMUNITY ASSOCIATIONS.
  - ☐ a. OPPOSITE BIOLOGICAL GENDER.
  - ☐ b. SAME BIOLOGICAL GENDER.
- ☐ 3. HETERO TRIBAL SCHOOL, EDUCATIONAL, RESEARCH ASSOCIATIONS.
  - ☐ a. OPPOSITE BIOLOGICAL GENDER.
  - ☐ b. SAME BIOLOGICAL GENDER.
- ☐ 4. HETERO TRIBAL SPORT, RECREATION, VACATION ASSOCIATIONS.
  - ☐ a. OPPOSITE BIOLOGICAL GENDER.
  - ☐ b. SAME BIOLOGICAL GENDER.
- ☐ 5. HETERO TRIBAL ECONOMIC, PROFESSIONAL, EMPLOYMENT ASSOCIATIONS.
  - ☐ a. OPPOSITE BIOLOGICAL GENDER.
  - ☐ b. SAME BIOLOGICAL GENDER.
- ☐ 6. OTHER \_\_\_\_\_
  - ☐ a. OPPOSITE BIOLOGICAL GENDER.
  - ☐ b. SAME BIOLOGICAL GENDER.

I DECLARE THAT I DO NOT CONSENT TO ANY PERSONS IN ADDITION TO MY BIOLOGICAL  
FAMILY, THAT DO NOT HAVE THE TRIBAL CHARACTERISTICS INDICATED BELOW THAT I HAVE AND  
WANT TO PROTECT WERE IN ANY WAY AUTHORIZED TO CONTACT MY PERSON PHYSICLY AND OR  
ELECTRONICLY FOR INTERTRIBAL PURPOSES SPECIFIED IN POINT "A", WHICH I RESERVE ONLY  
FOR PEOPLE OF MY OWN NATURAL CLIMATIC TRIBAL GROUP.

I DECLARE THAT I RESERVE AND PERMIT ALL PUBLIC PHYSICAL AND ELECTRONIC  
CONTACT OF MY PERSON ONLY TO PEOPLE WHO POSSESS THE VISIBLY IDENTICAL TRIBAL  
FEATURES INDICATED BELOW IN POINT "B" AND OR THE VISIBLY COMMON TRIBAL FEATURES  
INDICATED IN POINT "C" THAT I ALSO POSSESS.



**B. I RESERVE AND PERMIT ALL RELATHIONSHIPS AND CONNECTIONS INDICATED IN POINT  
 "A" FOR PERSONS WITH VISIBLY IDENTICAL TRIBAL FEATURES INDICATED BELOW:**

- ☐ **1. IDENTICAL COLOURS OF ALL BODY HAIR FROM ENDS TO ROOTS. (LIST YOUR EXACT HAIR PHENOTYPE HAIR GROUPS AND COLORS FROM LIGHTESTS TO DARKEST.)**

MY HAIR PHENOTYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAIR TYPE (A-D)	A	B	C	D
HAIR COLORS (0-7)				

- ☐ **2. IDENTICAL PHOTOTYPE OF THE ENTIRE SKIN SURFACE OF THE BODY. (SELECT YOUR ENTIRE SKIN PHOTOTYPE.)**

MY SKIN PHOTOTYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKIN TYPES (I-VI)	I	II	III	IV	V	VI

- ☐ **3. IDENTICAL IRIS-ORIS COLOURS IN THE LEFT AND RIGHT EYE. (SELECT ALL IRIS-ORIS COLORS OF YOUR IRIS-ORIS LEFT AND RIGHT EYE.)**

MY ARCTIC IRIS-ORIS COLORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WHITE	GRAY	BLUE	PURPLE	GREEN
LIGTH-MEDIUM-DARK					
MY RAFALTIC-AQUATIC IRIS-ORIS COLORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BLACK	BROWN	RED	ORANGE	YELLOW
LIGTH-MEDIUM-DARK					

**C. I RESERVE AND PERMIT ALL RELATIONSHIPS AND CONNECTIONS INDICATED IN POINT  
 "A" FOR PERSONS WITH VISIBLY COMMON TRIBAL FEATURES INDICATED BELOW:**

- ☐ **1. COMMON COLOURS OF BODY HAIR PARTS FROM ENDS TO ROOTS. (LIST YOUR HAIR PHENOTYPE ALL COMMON HAIR GROUPS AND COLORS FROM LIGHTESTS TO DARKEST ACCORDING TO YOUR ETHNIC HERITAGE HEALTH INSTITUTE GUIDELINES.)**

MY HAIR PHENOTYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAIR TYPE (A-D)	A	B	C	D
HAIR COLORS (0-7)				

- ☐ **2. COMMON PHOTOTYPE OF PARTS OF THE ENTIRE SKIN SURFACE OF THE BODY. SELECT YOUR SKIN PHOTOTYPE ALL COMMON SHADES FROM LIGHTESTS TO DARKEST OF YOUR ENTIRE SKIN ACCORDING TO YOUR ETHNIC HERITAGE HEALTH INSTITUTE GUIDELINES.)**

MY SKIN PHOTOTYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKIN TYPES (I-VI)	I	II	III	IV	V	VI

- ☐ **3. COMMON PARTS OF THE IRIS-ORIS COLOURS IN THE LEFT AND OR RIGHT EYE. (SELECT ALL COMMON IRIS-ORIS COLORS OF YOUR IRIS-ORIS LEFT AND RIGHT EYE ACCORDING TO YOUR ETHNIC HERITAGE HEALTH INSTITUTE GUIDELINES.)**

MY ARCTIC IRIS-ORIS COLORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WHITE	GRAY	BLUE	PURPLE	GREEN
LIGTH-MEDIUM-DARK					
MY RAFALTIC-AQUATIC IRIS-ORIS COLORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BLACK	BROWN	RED	ORANGE	YELLOW
LIGTH-MEDIUM-DARK					



*I APPLY TO THIS INSTITUTION FOR A RESTRICTION OF ANY TYPE OF CONTACT WITH MY PERSON INDICATED IN POINT "A" FROM PEOPLE WHO DO NOT HAVE THE TRIBAL FEATURES INDICATED IN POINTS "B" AND OR "C", WHO ARE PEOPLE WHO BY UNKNOWN AND UNCONSCIOUS BIOLOGICAL-SOCIAL-PSYCHOLOGICAL MECHANISMS DISTURB MY TRIBAL AWARENESS, INCREASING THE RISK OF MY DISCONNECTION FROM MY OWN NATURAL CLIMATIC TRIBE, WHICH CAUSES THE RISK OF THE RELATIONSHIPS INDICATED IN POINT "A" FROM WHICH I WANT TO PROTECT MY BODY, DIGNITY, HEALTH, REPRODUCTIVE CELLS, GENETIC AND EPIGENETIC INHERITANCE OF ALL MY GENERATIONS.*

*FOR THE GOOD OF MY OWN NATURAL PROGENY, MY OWN NATURAL TRIBALITY AND REST OF MY NATURAL TRIBE, AND THEREBY PREVENTING GENOCIDE OF MY OWN NATURAL CLIMATIC TRIBAL GROUP PURSUANT TO UN RESOLUTION 260/(A) III OF 9 DECEMBER 1948, I REQUEST THE ADDRESSED INSTITUTION TO ACCEPT THIS DECLARATION AND ISSUE:*

**D. NOTARIZED PERSONAL PROTECTION ORDER OF ONE'S OWN HERITABLE INDIGENOUS AND TRIBAL ETHNICITY THAT SPECIFIES:**

- 1. THE PROHIBITED TYPES OF INTER-INDIGENOUS AND INTER-TRIBAL (HETERO-ETHNIC) RELATIONSHIPS AND CONNECTIONS INDICATED IN SECTION "A".**
- 2. THE RESERVED AND PERMISSIBLE OWN TRIBAL CHARACTERISTICS IN PARAGRAPHS "B" AND OR "C" THAT I ALSO POSSES.**
- 3. THE ARTICLES OF ALL LEGISLATURES PROTECTING ETHNIC, TRIBAL AND INDIGENOUS INDIVIDUALS AND GROUPS UNDER WHICH ARTICLES ANY OFFENCES AGAINST THOSE PROTECTED INDIVIDUALS AND GROUPS WILL BE PROSECUTABLE CRIMINAL VIOLATIONS, INCLUDING UN A/RES/47/135, UN A/RES/54/4, UN/A/RES/26/III, UN A/RES/317/IV, UN ILO/C/169/1989, POL LEX 06/01/2005.**

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**APPLICANT SIGNATURE**

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**INSTITUTION STAMP**