



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



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/III (A) FROM 09.12.1948.
UNDER THE LEGAL RIGHTS GIVEN TO ME AS A PARENT AND OR LEGAL GUARDIAN OF THE
JUVENILE BY THE NAME OF _____,
I WANT TO PROTECT HIS / HER NATURAL TRIBALITY THEREFORE IN FULL KNOWLEDGE, I
WILLINGLY AND VOLUNTARILY DECLARE NO CONSENT AND PROHIBIT ABOVE MENTIONED
JUVENILE FROM ALL:

**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 PARENTAL AND
OR LEGAL GUARDIAN AUTHORITY, THAT DO NOT HAVE THE TRIBAL CHARACTERISTICS
INDICATED BELOW THAT ABOVE NAMED MINOR HAVE AND WANT TO PROTECT WERE IN ANY WAY
AUTORIZED TO CONTACT ABOVE NAMED MINOR PHYSICLY AND OR ELECTRONICLY FOR
INTERTRIBAL PURPOSES SPECIFIED IN POINT "A", WHICH I RESERVE ONLY FOR PEOPLE OF MY
MINOR OWN NATURAL CLIMATIC TRIBAL GROUP.

I DECLARE THAT I RESERVE AND PERMIT ALL PHYSICAL AND ELECTRONIC CONTACT OF
MINOR NAMED ABOVE 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 ABOVE NAMED MINOR ALSO POSSESS.



B. I RESERVE AND PERMIT ALL RELATHIONSHIPS AND CONNECTIONS INDICATED IN POINT “A” FOR PERSONS ALIKE TO NAMED MINOR 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 ALIKE TO NAMED MINOR 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 INSTITUTIONS FOR A RESTRICTION OF ANY TYPE OF CONTACT WITH MINOR NAMED 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 MINOR NAMED TRIBAL AWARENESS, INCREASING THE RISK OF MINOR NAMED DISCONNECTION FROM HIS / HER OWN NATURAL CLIMATIC TRIBE, WHICH CAUSES THE RISK OF THE RELATIONSHIPS INDICATED IN POINT "A" FROM WHICH I WANT TO PROTECT MINOR NAMED BODY, DIGNITY, HEALTH, REPRODUCTIVE CELLS, GENETIC AND EPIGENETIC INHERITANCE OF ALL HIS / HER GENERATIONS.

FOR THE GOOD OF MINOR NAMED OWN NATURAL PROGENY, OWN NATURAL TRIBALITY AND REST OF MINOR NAMED NATURAL TRIBE, AND THEREBY PREVENTING GENOCIDE OF MINOR NAMED 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 NAMED MINOR 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.**

APPLICANT SIGNATURE

INSTITUTION STAMP