

THE WILL TO PROHIBIT PERSECUTION AND HARASSMENT OF ONE'S OWN INDIGENOUS, ETHNIC, AND TRIBAL HERITAGE.

PROTECTION OF OWN HERITAGE - PROCESSING INSTITUTION DETAILS

INSTITUTION			
DEPARTMENT			
STREET NAME			
BLOCK NUMBER		SUITE NUMBER	
TOWN NAME		POSTAL CODE	
COUNTY NAME		TELEPHONE	
STATE NAME		FACSIMILE	
COUNTRY NAME		EMAIL	

IDENTIFICATION DOCUMENT DETAILS

CONTACT DETAILS

DOCUMENT TYPE		TELEPHONE	
SERIAL NUMBER		FACSIMILE	
ISSUE DATE		SMS	
EXPIRE DATE		EMAIL	
GOV. NUMBER			

IDENTIFICATION PERSONAL DETAILS

PERMANENT RESIDENCE DETAILS

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	

OTHER INFORMATION

I _____,
VOLUNTARILY DECLARE TO MY OWN INDIGENOUS, ETHNIC, TRIBAL HERITAGE INSTITUTION
UNDER THE NAME: _____,
IN THE TOWN OF: _____, ON THE DAY NUMBER: _____,
IN THE MONTH OF: _____, IN THE YEAR NUMBER: _____,
NOT BEING UNDER THE INFLUENCE OF SUBSTANCES THAT DISTURB MY CONSCIOUSNESS AND WILL
TO DECIDE, REFERRING TO THE PROTECTIONS OF ARTICLE II OF UN RESOLUTION A/RES/260/III FROM
09.12.1948 AND PROTECTIONS OF UN RESOLUTION A/RES/61/295 FROM 13.09.2007 I DECLARE THAT I
WANT TO PROTECT MY OWN NATURAL CLIMATIC INDIGENOUS ETHNIC TRIBAL HERITAGE.
THEREFORE IN FULL KNOWLEDGE AND AWARENESS, I WILLINGLY AND PURPOSEFULLY DECLARE
AND EXPRESS MY WILL TO PREVENT AND PROHIBIT:

**A. ALL PERSONS OF OPPOSITE BIOLOGICAL GENDER TOWARDS MY BIOLOGICAL GENDER
WHO ARE NON-INDIGENOUS, NON-ETHNIC, NON-TRIBAL TOWARDS MY OWN NATURAL
INDIGENOUS ETHNIC TRIBAL HERITAGE TO PREVENT ALL FORMS OF NON-INDIGENOUS,
NON-ETHNIC, NON-TRIBAL INTIMACY, SEXUALITY, PREGNANCY, BIRTH, MARRIAGE
TOWARDS MY PERSON.**

**B. IN ADDITION I WILLINGLY AND PURPOSEFULLY DECLARE MY WILL TO PREVENT AND
PROHIBIT ALL RELATIONSHIPS AND ASSOCIATIONS INDICATED BELOW THAT ARE NON-
INDIGENOUS, NON-ETHNIC, NON-TRIBAL TOWARDS THE VISIBLE CHARACTERISTICS OF MY
BODY WHICH I DEFINE IN POINTS "C" AND "D" THAT BELONG TO MY OWN NATURAL
INDIGENOUS ETHNIC TRIBAL HERITAGE:**

- ☐ 1. CULTURAL, SPIRITUAL, RELIGIOUS WITH OPPOSITE BIOLOGICAL GENDER.
 - ☐ b. SAME BIOLOGICAL GENDER.
- ☐ 2. PUBLIC, SOCIAL, COMMUNAL WITH OPPOSITE BIOLOGICAL GENDER.
 - ☐ b. SAME BIOLOGICAL GENDER.
- ☐ 3. SCHOOL, EDUCATIONAL, RESEARCH WITH OPPOSITE BIOLOGICAL GENDER.
 - ☐ b. SAME BIOLOGICAL GENDER.
- ☐ 4. SPORT, RECREATION, VACATION WITH OPPOSITE BIOLOGICAL GENDER.
 - ☐ b. SAME BIOLOGICAL GENDER.
- ☐ 5. ECONOMIC, PROFESSIONAL, EMPLOYMENT WITH OPPOSITE BIOLOGICAL GENDER.
 - ☐ b. SAME BIOLOGICAL GENDER.
- ☐ 6. OTHER: _____
_____ WITH OPPOSITE BIOLOGICAL GENDER.
 - ☐ b. SAME BIOLOGICAL GENDER.

I DECLARE THAT I DO NOT CONSENT TO ANY PERSON OUTSIDE MY BIOLOGICAL FAMILY WHO
DO NOT HAVE THE VISIBLE NATURAL INDIGENOUS, ETHNIC, TRIBAL BODY CHARACTERISTICS
INDICATED IN POINTS "C" AND "D" WERE IN ANY WAY AUTHORIZED AND ENTITLED TO PHYSICAL
AND NON-PHYSICAL CONTACT WITH MY PERSON FOR NON-INDIGENOUS, NON-ETHNIC, NON-TRIBAL
PURPOSES INDICATED IN POINTS "A" AND "B", WHICH TYPES OF PHYSICAL AND NON-PHYSICAL
CONTACT I DECLARE AND RESERVE ONLY FOR PERSONS OF MY OWN INDIGENOUS, ETHNIC, TRIBAL
HERITAGE AS INDICATED IN POINTS "C" AND "D" THAT CONSTITUTE MY VISIBLY IDENTICAL OR
SIMILAR NATURAL INDIGENOUS, ETHNIC, TRIBAL HERITAGE AND BELONGING.

C. I RESERVE AND PERMIT ALL RELATHIONSHIPS AND CONNECTIONS INDICATED IN POINT(S) “A” AND “B” ONLY FOR PERSONS WITH ALL THE SAME VISIBLY IDENTICAL INDIGENOUS, ETHNIC, TRIBAL BODY CHARACTERISTICS TO MY OWN BODY CHARACTERISTICS INDICATED BELOW IN ACCORDANCE WITH AND RECOMMENDED BY MY INDIGENOUS, ETHNIC, TRIBAL HERITAGE INSTITUTION’S GUIDELINES:

- ☐ **1. NATURALLY PRESENT ON MY BODY SKIN INDIGENOUS ETHNIC TRIBAL HAIR(S) TYPE(S) AND COLOR(S):**

HAIR(S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TYPE(S) (A-D)	A	B	C	D
COLOR(S) (0-7)				

- ☐ **2. NATURALLY PRESENT ON MY BODY SKIN INDIGENOUS ETHNIC TRIBAL SKIN(S) PHOTOTYPE(S):**

SKIN(S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TYPE(S) (0-VI)	0	I	II	III	IV	V	VI

- ☐ **3. NATURALLY PRESENT IN MY EYE(S) INDIGENOUS, ETHNIC, TRIBAL COLOR(S) OF THE ORBITAL AND RADIAL ELEMENTS OF THE EYE(S) ORIS-IRIS:**

ARCTIC EYE(S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WHITE	GRAY	BLUE	PURPLE	GREEN
LIGTH / MEDIUM / DARK					
AQUATIC EYE(S) RAFALTIC EYE(S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BLACK	BROWN	RED	ORANGE	YELLOW
LIGTH / MEDIUM / DARK					

D. I RESERVE AND PERMIT ALL RELATHIONSHIPS AND CONNECTIONS INDICATED IN POINT(S) “A” AND “B” ONLY FOR PERSONS WITH PARTIALLY THE SAME VISIBLY SIMILAR INDIGENOUS, ETHNIC, TRIBAL BODY CHARACTERISTICS TO MY OWN BODY CHARACTERISTIC IN ACCORDANCE WITH AND RECOMMENDED BY MY INDIGENOUS, ETHNIC, TRIBAL HERITAGE INSTITUTION’S GUIDELINES INDICATED BELOW:

- ☐ **1. NATURALLY PRESENT ON MY BODY SKIN INDIGENOUS ETHNIC TRIBAL HAIR(S) TYPE(S) AND COLOR(S):**

HAIR(S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TYPE(S) (A-D)	A	B	C	D
COLOR(S) (0-7)				

- ☐ **2. NATURALLY PRESENT IN BODY INDIGENOUS ETHNIC TRIBAL SKIN(S) COLOR(S):**

SKIN(S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TYPE(S) (0-VI)	0	I	II	III	IV	V	VI

- ☐ **3. NATURALLY PRESENT IN MY EYE(S) INDIGENOUS, ETHNIC, TRIBAL COLOR(S) OF THE ORBITAL AND RADIAL ELEMENTS OF THE EYE(S) ORIS-IRIS:**

ARCTIC EYE(S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WHITE	GRAY	BLUE	PURPLE	GREEN
LIGTH / MEDIUM / DARK					
AQUATIC EYE(S) RAFALTIC EYE(S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BLACK	BROWN	RED	ORANGE	YELLOW
LIGTH / MEDIUM / DARK					

I DECLARE THAT ALL TYPES OF NON-INDIGENOUS, NON-ETHNIC, NON-TRIBAL CONTACTS INDICATED IN POINTS "A" AND "B" WITH ALL PERSONS WHO DO NOT POSSESS MY VISIBLE NATURAL, INDIGENOUS, ETHNIC, TRIBAL BODY CHARACTERISTICS INDICATED IN POINTS "C" AND "D" DISCONNECTS MY AWARENESS OF MY OWN, NATURAL, INDIGENOUS, ETHNIC, TRIBAL HERITAGE, WHICH IN EFFECT LEADS ME TO THE CONNECTIONS AND RELATIONSHIPS INDICATED IN POINTS "A" AND "B".

INDICATED IN POINTS "A" AND "B" CONNECTIONS AND RELATIONSHIPS DESTROY MY NATURAL INDIGENOUS, ETHNIC, TRIBAL HERITAGE, HEALTH, INTIMACY, SEXUALITY, PARENTHOOD, FAMILY, LIFE'S WHAT WHICH LEADS TO PERMANENT DAMAGE TO MY NATURAL INDIGENOUS, ETHNIC, HEREDITARY, PHYSICAL, MENTAL, LINGUISTIC, RELIGIOUS HERITAGE, ACQUIRED IN CONNECTION WITH THE UNIQUE LONG-TERM EXISTENCE IN THE SPECIFIC NATURAL CLIMATIC ZONE OF MY INDIGENOUS, ETHNIC, TRIBAL GROUP SPECIFIED IN POINTS "C" AND "D", THAT USES THE FOLLOWING NAME:

MY GROUP NAME: _____.

FOR THE GOOD OF MY OWN NATURAL, INDIGENOUS, ETHNIC, TRIBAL DESCENDANTS AND THE REST OF MY OWN NATURAL, INDIGENOUS, ETHNIC TRIBE AND THEIR HERITAGE, THEREBY PREVENTING GENOCIDE OF MY OWN NATURAL, INDIGENOUS, ETHNIC, TRIBAL GROUP, BASED ON UN RESOLUTION NO. A/RES/61/295 OF 13.09.2007 AND UN RESOLUTION NO. A/RES/260/III OF 09.12.1948. I REQUEST THE DESIGNATED INSTITUTION TO ACCEPT THE ABOVE DECLARATION OF MY WILL AND ISSUE THE DOCUMENT OF INDIGENOUS, ETHNIC, TRIBAL PROTECTION WHICH INDICATES:

1. THE TYPES NON-INDIGENOUS, NON-ETHNIC, NON-TRIBAL RELATIONSHIPS AND ASSOCIATIONS INDICATED IN POINTS "A" AND "B" PROHIBITED AND RESTRICTED.
2. THE TYPES OF OWN INDIGENOUS, ETHNIC, TRIBAL BODY CHARACTERISTIC'S INDICATED IN POINTS "C" AND "D" RESERVED AND PERMISSIBLE FOR ALL RELATIONSHIPS AND ASSOCIATIONS.
3. RIGHTS PROTECTING INDIGENOUS, ETHNIC, AND TRIBAL GROUPS IN PARTICULAR: UN A/RES/47/135, UN A/RES/54/4, UN/A/RES/61/295, UN/A/RES/260/III, UN A/RES/317/IV, UN ILO/C/169/1989, POL LEX 06/01/2005, UNDER WHICH AN ACT PROHIBITED AGAINST THESE PROTECTED PERSONS AND GROUPS CONSTITUTES A CRIME FORBIDDEN BY THE LAW.

SIGNATURE OF APPLICANT, DATE OF APPLICATION SUBMISSION.	STAMP OF INDIGENOUS INSTITUTION, DATE OF APPLICATION ACCEPTANCE.