

# Vaccination Exemption

## Indigenous Rights Protections

### Indigenous Political Authority © ®

This is to certify that the following is a true  
Record filed with the Indigenous Political Authority  
US Dept of State Federal Authentication # 06013144-1,

State & County level.

Political Status: Indigenous  
Contact Aboriginal Medical Association  
3900 Crown Road SW Suite 162656  
Atlanta GA 30321  
www.indigenouspoliticalauthority.org  
www.aboriginalmedicalassociation.com

\_\_\_\_\_ Date of Issue

\_\_\_\_\_ Adult/Childs Appellation/Name

**This recorded document is in harmony with State law for exemption rights and indigenous protections for children and adults**

**It is consistent with International Law, The Universal Declaration of Human Rights, The United Nations Declaration of the Rights of Indigenous Peoples, International Treaties, and Religious exemptions from vaccinations. Vaccinations are an ACT OF GENOCIDE [See USC 18 section 1091] against Aboriginal Peoples**

**Any institution, municipality, county, borough, parish, state, or federal agency or state that attempts to require any vaccinations or other medical procedure by force in respect to Indigenous Peoples are acting under color of authority and in threat duress and coercion of the Indigenous person involved. All Indigenous Peoples of the Indigenous Political Authority have a natural, personal, and political right not to participate in genocidal acts attempted against their Aboriginal Tribal nations and cannot and will not be forced by any nation states and corporations/agencies associated to participate in ANY MEDICAL PRACTICE that is AGAINST their life and general health Standards and Religious Rights. All Indigenous Peoples of the Indigenous Political Authority reserve the right to have their own CERTIFIED Health Professionals to conduct all Medical diagnostics procedures and Health related Services for Indigenous Peoples.**

**Indigenous Political Authority - U.S. Department of State Federal Authentication # Status A-1 06013144-1**

Date of Birth;	Hour:	Sex:	<i>Full Nomen of Adult:</i>		
Mailing Location:	Born in State	County-City	Zip:	Race: [Aboriginal] Nationality: Indigenous American Tribal lineage: Xi	
Full Name of Mother:	Age at time:				
Full Name of Father:	Age at time:				

I \_\_\_\_\_  
**Have hereunto set Signature:**

County \_\_\_\_\_ State \_\_\_\_\_

Sworn and Subscribed before me \_\_\_\_\_ this [day] \_\_\_\_\_ [month] \_\_\_\_\_ [year] \_\_\_\_\_

Notary Signature \_\_\_\_\_