

Travel Vaccination Exemption

Apostille 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 International 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 Peoples allergic to their contents

Any institution, municipality, county, borough, parish, state, federal agency or nation 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.

LIABILITY CLAUSE:

THE AFFIANT assumes full liability for the lack of taking the vaccine to enter into this country

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

**I _____
Have hereunto set Signature:**

County _____ State _____

Sworn and Subscribed before me _____ this [day] _____ [month] _____ [year] _____

Notary Signature _____