

THE AMERICAN INSTITUTE OF HUMAN RIGHTS
www.aihrights.com

**Declared Consent for Self-Determination
and Request for Decolonization**

I, _____
(Print Name Clearly)

do hereby declare and attest that I understand the “The Process: Civil Rights to Human Rights” and the “Declaration of Self-Determination” and agree “That I have declared so willingly and with the full authority of Consent to be a part of the African-Descendant Nation Confederacy.”

PLEASE FILL OUT SEPARATE FORM FOR INDIVIDUAL / FAMILY AND ORGANIZATION

Check Box: This is for an Individual [] Family [] Organization []		
_____	_____	
Print Name Clearly	Print Name of Organization	
_____	_____	
Date of Birth (mm/ day / Year)	Title in Organization	
_____	_____	
Email address (PLEASE PRINT CLEARLY)	Phone	

Address		

City	State	Zip Code
_____	_____	_____
Signature		Date MM/DD/YYYY
_____		_____

Please PDF and send to AdSelfDetermination@protonmail.com