

AFFIDAVIT OF RELINQUISHMENT

I, _____, an adult person do hereby apply to sever my Tribal relations with the **TE-MOAK TRIBE OF WESTERN SHOSHONE INDIANS OF NEVADA**. I am relinquishing my membership with the Tribe for the following reasons: (List your reasons)

My request to cancel my membership is made freely and voluntarily with the full understanding that henceforth, I shall cease to hold membership in the **TE-MOAK TRIBE OF WESTERN SHOSHONE INDIANS OF NEVADA**, and that I will no longer be eligible for benefits I am entitled to as a member of the Tribe.

SIGNATURE

MAILING ADDRESS

CITY STATE ZIP CODE

State of: _____)
County of: _____) ss.
_____)

On this _____ day of _____, 20____, personally appeared before me, at Notary Public, in and for the county and state aforesaid, _____, known to me or who provided to me to be the person described in and who executed the foregoing instrument; who acknowledged to me that (s)he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate above written.

(SEAL)

NOTARY PUBLIC

AFFIDAVIT OF RELINQUISHMENT FOR A MINOR

I, _____ (Name of Parent/Legal Guardian), on behalf of _____ (Name of Child) Date of Birth: _____, as the Parent/Legal Guardian, hereby apply to sever _____ (Name of Child) tribal relations with the _____ TRIBE. I am relinquishing his/her (circle one) membership from the Tribe for the following reasons: (PLEASE LIST REASONS)

My request to cancel his/her (circle one) membership is made freely and voluntarily with the full understanding that henceforth he/she (circle one) shall cease to hold membership in the _____ TRIBE, and that he/she (circle one) will no longer be eligible for benefits entitled to as a member of the Tribe.

Signature of Parent/Legal Guardian

MAILING ADDRESS

CITY STATE ZIP CODE

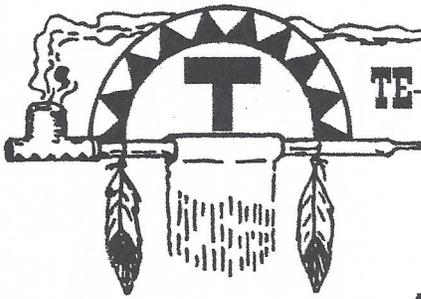
STATE OF: _____)
COUNTY OF: _____) ss.

On this _____ day of _____, 20____, personally appeared before me, a Notary Public, in and for the county and state aforesaid, _____, known to me or who provided to me to be the person described in and who executed the foregoing instrument; who acknowledged to me that (s)he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal, the day and year in this certificate above written.

(SEAL)

NOTARY PUBLIC



TE-MOAK TRIBE OF WESTERN SHOSHONE

525 Sunset Street • Elko, Nevada 89801
775-738-9251 • Fax 775-738-2345

ADDRESS CHANGE FORM

Name: _____

Street Address: _____

City State Zip

Mailing Address, (if different from Street Address):

City State Zip

Telephone Number: (_____) _____

Is telephone number: Home Work Cell Message

Signature

Date

STATE OF _____)
COUNTY OF _____)

Sworn to and subscribed before me this _____, day of _____, _____, by _____.

SEAL

Signature of Notary Public

FOR OFFICE USE ONLY

Date Stamp: _____

Was Address changed by: IN PERSON MAIL FAXED

Office Worker's Initials: _____



TE-MOAK TRIBE OF WESTERN SHOSHONE

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INFORMATION NEEDED BEFORE YOUR CARD IS PROCESSED

PHOTO I.D. INFORMATION

NAME: _____

MAILING ADDRESS: _____

CITY

STATE

ZIP CODE

GENDER: MALE FEMALE

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR:

BLACK BLONDE BROWN
GRAY RED SANDY
WHITE

EYE COLOR:

BLACK BLUE BROWN
GREEN GRAY HAZEL
PINK DICHROMATIC

TRIBAL MEMBER'S SIGNATURE

STATE OF _____)
COUNTY OF _____)

Sworn to and subscribed before me this _____, day of _____, _____, by _____

SEAL

Signature of Notary Public

FOR OFFICE USE ONLY

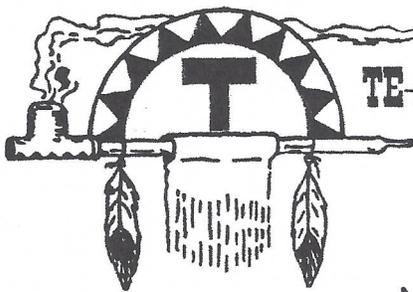
Office Worker's Initials: _____

Date Rec'd: _____

Amount Rec'd: _____

Receipt No.: _____

ID Card No.: _____



TE-MOAK TRIBE OF WESTERN SHOSHONE

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NAME CHANGE REQUEST

I, _____, am requesting my present name be changed to _____ through:

MARRIAGE DIVORCE ANNULMENT OTHER

The following documents are required before the Enrollment Office can issue a new Official Membership Certificate or Photo I. D. Card.

1. If married, copy of the marriage certificate.
2. If divorced or had the marriage annulled, copy of the Court Decree, which dissolved the marriage.
3. If the name was changed, copy of the Name Change decree which legally changed your name.

I will return my Official Membership Certificate and Photo I.D. Card to the Te-Moak Enrollment Office before a new Enrollment Certificate and Photo I.D. Card is issued to me with my name change.

DATE

SIGNATURE

MAILING ADDRESS

CITY STATE ZIP CODE

STATE OF _____)
COUNTY OF _____)

Sworn to and subscribed before me this _____, day of _____, _____, by _____.

SEAL

Signature of Notary Public

FOR OFFICE USE ONLY

Date Stamp: _____

IN PERSON MAIL FAXED

Office Worker's Initials: _____