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:)
) ss.
COUNTY OF:)

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.

(S E A L)

_____ NOTARY PUBLIC