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.

_____ may reapply for membership after reaching adult status per Enrollment Ordinance 15-ORD-TM-02, Article 8, Relinquishment, Relinquishment Procedures (4),

My minor child's membership is cancelled as of: (Check One)

☐ The date the Te-Moak Tribe of Western Shoshone receives this form.

☐ The date of my acceptance into 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

REVISED: 10/11/2015