FORT PECK TRIBES

Assiniboine & Sioux

ENROLLMENT DEPARTMENT

RELINQUISHMENT FORM

_____	_____	_____
Applicant Name (Please print)	Date of Birth	Enrollment Number

_____				
Mailing Address	City	State	Zip Code	Telephone

I, _____ am enrolled with the Fort Peck Assiniboine/Sioux Tribes, Fort Peck Indian Reservation, Poplar, Montana.

I do hereby relinquish all rights and title to my enrollment with the above mentioned Tribe(s) upon consideration that I be enrolled with the _____ , where my parent, named _____ is an enrolled member.

_____

Applicant Signature

Subscribed and sworn to me on: _____

Notary Public Name: _____

For the State of: _____

Commission expires on: _____

ATTN: ENROLLMENT COMMITTEE

P.O. BOX 1027 POPLAR, MT 59255 PHONE (406)768-2311 OR (406)768-2319