

ASSINIBOINE AND SIOUX TRIBES OF FORT PECK RESERVATION
Enrollment Department

Conditional Relinquishment Fort (Adult)

I, _____ DoB ____/____/____ an enrolled member of the
_____ do hereby officially relinquish all rights, titles
and interest which I may have had as a member of the Assiniboine and Sioux Tribe
of Fort Peck Reservation. I understand that my relinquishment will become
effective on the date that the _____ (Tribe) declares, in
writing, that I am eligible for enrollment with their Tribe.

Printed Name

Date

Signature

THE STATE OF MONTANA

COUNTY OF _____

This record was acknowledged before me on _____ (date) by

_____ (name(s) of individual(s)).

Notary Public Signature

Print _____

SEAL

Title _____

My Commission Expires: _____

P.O. Box 1027
Poplar, Montana 52955

Phone: (406)768-2319/2311
FAX: (406)768-3306