



PEORIA TRIBE OF INDIANS OF OKLAHOMA

118 S. Eight Tribes Trail (918) 540-2535 FAX (918) 540-2538

P.O. Box 1527

MIAMI, OKLAHOMA 74355

CONDITIONAL TRIBAL MEMBERSHIP
RELINQUISHMENT ON BEHALF OF MINOR

I, _____, do hereby petition and apply to relinquish the Tribal
(custodial parent or legal guardian print full legal name)
membership of _____, a minor, with roll number _____
(print full legal name of child)

Date of birth _____, and Social Security Number _____, from the Peoria Tribe of Indians of Oklahoma. I hereby expressly waive all privileges, including any and all rights and benefits now existing or which may accrue to members of the Peoria Tribe.

I fully understand that this relinquishment is contingent upon acceptance into membership of the _____ Tribe. If for some reason he/she is not accepted into membership of the
(Print Tribe)

_____ Tribe I understand that his/her membership in the Peoria Tribe of Indians of
(Print Tribe)

Oklahoma will remain intact.

I further understand, per the Enrollment Ordinance; Section 3 (b):

“Any Peoria tribal member who relinquishes their membership with the Peoria Tribe will not be eligible for re-enrollment with the Peoria Tribe, provided the following:

- (b) Any minor (under 18 years of age) whose membership with the Peoria Tribe is relinquished, shall be eligible to apply for membership with the Peoria Tribe through regular application procedures, upon attaining their majority.

SIGNATURE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

ACKNOWLEDGEMENT

State of _____

County of _____)

On _____ before me, _____
(insert name and title of the officer)

Personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

Witness my hand and official seal.

(Seal)

Signature: _____

My Commission expires: _____