



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

**UNCONDITIONAL TRIBAL
MEMBERSHIP RELINQUISHMENT**

I, _____, an enrolled member of the Peoria Tribe of Indians of
(Print Name)

Oklahoma, with roll number _____, Date of birth _____, and

SS # _____, do hereby petition and apply to relinquish my Tribal
Membership from the Peoria Tribe. 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 further understand that any member of the Peoria Tribe of Indians of Oklahoma who
relinquishes membership in the Peoria Tribe of Indians of Oklahoma will not be eligible for
re-enrollment with the Peoria Tribe.

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: _____