



**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**  
**ON BEHALF OF A MINOR**

I, \_\_\_\_\_, do hereby petition and apply to relinquish the tribal  
(custodial parent or legal guardian name; print full legal name, first, middle and last)  
membership of \_\_\_\_\_, a minor with roll number \_\_\_\_\_,  
(print full legal name of child, first, middle and last)  
Date of birth \_\_\_\_\_, and SS # \_\_\_\_\_, from the Peoria Tribe of Indians of  
Oklahoma. I hereby understand my child will 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, 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:

\_\_\_\_\_  
(Custodial parent or legal court appointed guardian)

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: \_\_\_\_\_