



Seminole Nation of Oklahoma

TRIBAL ENROLLMENT
POST OFFICE BOX 1498 PHONE (405) 257-6267
WEWOKA, OKLAHOMA 74884-1498

RELINQUISHMENT STATEMENT

I, _____, Birth date: _____, Social Security No.: _____,
do hereby relinquish my membership in the Seminole Nation of Oklahoma and request that my name be removed from the membership rolls of the Seminole Nation forever. I am making this relinquishment voluntarily and I understand that this relinquishment terminates all of my rights as a member and any political rights I may have as a member of the Seminole Nation of Oklahoma. I understand that this relinquishment will be effective immediately when received by the Enrollment Office of the Seminole Nation. I also understand that this relinquishment of membership will be an absolute and irrevocable relinquishment and that I will not be able to reapply for membership with the Seminole Nation of Oklahoma after the Enrollment Office has received this statement.

Card(s) Returned: Tribal Enrollment Yes No Explain: _____
Voter's Registration Yes No Explain: _____

What tribe will you be transferring your membership to: _____

Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

FOR ENROLLMENT OFFICE USE ONLY:

Date Relinquishment Received: _____

Received By (initials): _____

Notification Date to Election Board: _____