



Kickapoo Tribe of Oklahoma
Enrollment Department
 P.O. Box 70
 McLoud, OK 74851
 Office: (405) 964-4227
 Fax: (405) 964-5417

Relinquishment Form

SELECT ONE OF THE FOLLOWING BY INITIALING WHICH YOU CHOOSE:

 Unconditional Relinquishment

I, _____ hereby relinquish my membership, including all benefits and privileges of the Kickapoo Tribe of Oklahoma. Once I submit this form and make this choice of Unconditional Relinquishment, I understand my relinquishment will be *effective immediately*. I understand that once I relinquish and choose to relinquish unconditionally that I will not be eligible for enrollment with the Kickapoo Tribe of Oklahoma until after 5 years from the date of this form.

-OR-

 Conditional Relinquishment

I, _____ hereby relinquish my membership, including all benefits and privileges of the Kickapoo Tribe of Oklahoma on the condition upon my acceptance into membership of _____. Once I submit this form, I **WILL NOT** be eligible to apply for services with the Kickapoo Tribe of Oklahoma during the pending Enrollment with the other tribe. If for some unanticipated reason I am not accepted into membership for the other tribe, my membership with the Kickapoo Tribe of Oklahoma will remain intact.

Signature

Date of Birth

Address

Witness:

Signature

Printed Name

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

My commission Expires: _____

Notary Public

(SEAL)