



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

## Relinquishment Statement

I, \_\_\_\_\_, DOB: \_\_\_\_\_ hereby relinquish my membership with the **Kickapoo Tribe of Oklahoma**.

### SELECT ONE OF THE FOLLOWING BY INITIALING:

#### Unconditional Relinquishment

I understand that I will relinquish all rights or title to any benefits or privileges which I may have as a member above mentioned Tribe.

I am making this relinquishment voluntarily and I understand that I will no longer be considered a member of the Indian Tribe mentioned above and that I will not be entitled to any of the benefits or privileges accorded another member of said Tribe. This choice will take effect immediately.

**-OR-**

#### Conditional Relinquishment

I, making to be enrolled with the \_\_\_\_\_. I understand that this process may take up to a couple of months to complete due to the need for approval from both tribes. If for some reason I am not accepted into the membership of the: \_\_\_\_\_ (Tribe), I understand that my membership in the above-mentioned Tribe will remain intact.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Address

Witness:

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public.