

Relinquishment of Standing Rock Sioux Tribal Membership of a MINOR

I/We, the parent/guardian/custodian of _____, born on _____, whose Enrollment Identification Number is 302-U _____ of the Standing Rock Sioux Tribe do hereby request that his/her membership in the Standing Rock Sioux Tribe be terminated, that his/her name be stricken from the Tribal Roll.

It is my/our desire that he/she have no further affiliation with the Standing Rock Sioux Tribe and he/she will take no part in local Tribal affairs, for the following reason(s):

Any and all rights, title, and interest that he/she may have in any undistributed property and/or assets of the Standing Rock Sioux Tribe are hereby relinquished and surrendered.

Dated this _____ day of _____, 20_____.

(Signature of ENROLLED Parent)

(Signature of Parent/Guardian/Custodian)

Print Name & Mailing Address

Print Name & Mailing Address

Mailing Address

Mailing Address

Phone Number

Phone Number

State of _____ County of _____

Subscribed and Sworn before me this _____ day of _____, 20_____.

Notary Public
My commission expires:

(SEAL/STAMP)

NOTE: Attach a letter of eligibility from the Tribe for which you are applying • Any Guardian/Custodian completing this form on behalf of the minor child must attach legal documentation as proof of Guardian/Custody • DO NOT FAX ~ Mail this original notarized form to: SRST Enrollment Dept., PO Box D, Fort Yates, ND 58538