

# Fort Belknap Indian Community



Fort Belknap Agency  
656 Agency Main Street  
Harlem, Montana 59526-9455  
PH: (406) 353-2205  
FAX: Council - (406) 353-4541  
FAX: Departments - (406) 353-2797

Fort Belknap Indian Community  
(Tribal Govt.)  
Fort Belknap Indian Community  
(Elected to administer the affairs of the community and  
to represent the Assiniboine and the Gros Ventre  
Tribes of the Fort Belknap Indian Reservation)

## RELINQUISHMENT OF TRIBAL ENROLLMENT

I, \_\_\_\_\_, born on \_\_\_\_\_,  
possessing \_\_\_\_\_ of the Fort Belknap Indian Community  
do hereby request that my membership in such tribe be terminated subject to  
the acceptance of application for membership in the \_\_\_\_\_ Tribe.

\_\_\_\_\_

I hereby request that my name be removed from the Fort Belknap Indian Community

\_\_\_\_\_ Membership Roll. It is my desire that I have no further affiliation with  
the Fort Belknap Indian Community \_\_\_\_\_. I hereby relinquish, surrender  
any and all rights, title, and interest that I may have in any undistributed property or assets of  
the Fort Belknap Indian Community \_\_\_\_\_ Tribes.

Dated this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Applicant Signature

Subscribed and sworn before me, a notary public this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

\*\* PLEASE SUBMIT A SHORT LETTER REQUESTING RELINQUISHMENT FROM THE FORT BELKNAP INIDAN COMMUNITY PER SECTION 19 OF THE TRIBAL ENROLLMENT ORDINANCE. \*\*