Natchitoches Tribe of Louisiana

Membership Resignation and Request for Records

Your resignation will impact the following entities.

1. The Tribal Register will remove your name upon receipt of this form. Your removal from the Tribal Register means that your information will not be submitted to the Federal government as part of the Federal Tribal Recognition Application.

2. The 501(c)(3) Natchitoches Tribe of Louisiana Nonprofit Corporation will remove your name from the volunteer rolls and end all rights to associated media platforms. You will no longer receive any information (via any media) from this entity regarding progress towards Federal Tribal Recognition. You will no longer be accepted as a volunteer to assist in this process.

Requester cannot use this document for Children over the age of 18 years.
Each emancipated adult must submit a separate request. No information can be returned to any other family member.

All Tribal ID cards of the "tribal citizen" and their minor children must be returned with submission of this document.

This form must be sent by certified mail to: Chief Fred D. Simon, 305 3rd Street, Pioneer, LA 71266

Tribal Register Member ID_____

I hereby withdraw my consent to both the Tribal Register and the 501(c)(3) Natchitoches Tribe of Louisiana Nonprofit Corporation for the use of any of my personal information, documents or likeness. I understand that I may not withdraw such use from my emancipated offspring over the age of 18 years for their membership qualifications.

I further understand I may not re-apply for a membership for five years.

I also withdraw and request the following records for the minor children in my custody. If more space is needed continue on the back of this form.

Name:_____ NTL Member ID_____

Name:_____ NTL Member ID_____

Name:_____ NTL Member ID_____

Signed:_____Print Name:_____

Please return all records of the above person(s) (me and minors) to the following address by Restricted Certified Return Receipt mail:

Street
Address:_____City:_____

State:_____Zip Code_____

Official Use

Process Completed _____ Date_____