

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 _____,
_____ **Full Name** _____ **Birth Date**
possessing _____ of the Fort Belknap Indian Community
_____ **Blood Quantum** _____ **Current Tribal Affiliation**
do hereby request that my membership in such tribe be terminated subject to
the acceptance of application for membership in the _____ Tribe.
_____ **Tribe You Wish To Be Enrolled In**

_____ **Address of Tribe**
I hereby request that my name be removed from the Fort Belknap Indian Community
_____ **Current Tribal Affiliation** Membership Roll. It is my desire that I have no further affiliation with
the Fort Belknap Indian Community _____ **Current Tribal Affiliation**. 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 _____ **Current Tribal Affiliation** 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 _____