

Fort Belknap Indian Community



Fort Belknap Agency
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Harlem, Montana 59526-9455
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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 (Minor Child)

I, _____, do hereby request the membership of my

Full Name

minor child, _____, of the

Full Name Of Child

_____ Tribe of the Fort Belknap Indian Community

Current Tribal Affiliation

to be terminated, subject to the acceptance of application for membership in the

_____ Tribe.

Tribe They Will Be Enrolled With

Address of Tribe

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

_____ Membership Roll. It is my desire that he/she have no further affiliation

Current Tribal Affiliation

with the Fort Belknap Indian Community _____ Tribe. I hereby relinquish,

Current Tribal Affiliation

surrender any and all rights, title, and interest that my child may have in any undistributed property or

assets of the Fort Belknap Indian Community _____ Tribes.

Current Tribal Affiliation

Dated this _____ day of _____, _____

Parent/Guardian Signature

Parent/Guardian Signature

Subscribed and sworn before me, a notary public this _____ day of _____, 20____

Notary Public for the State of _____

Residing at _____

My Commission Expires _____

Subscribed and sworn before me, a notary public this _____ day of _____, 20____

Notary Public for the State of _____

Residing at _____

My Commission Expires _____