

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 (Minor Child)

I, _____, do hereby request the membership of my
minor child, _____, of the
_____ Tribe of the Fort Belknap Indian Community
to be terminated, subject to the acceptance of application for membership in the
_____ 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
with the Fort Belknap Indian Community _____ Tribe. I hereby relinquish,
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.

Dated this _____ day of _____, _____

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 _____

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

** BOTH PARENTS MUST SIGN THIS FORM. **