



Relinquishment from the Keweenaw Bay Indian Community

I, _____, parent or legal guardian (circle one) of _____, enrollment # _____, do hereby relinquish his/her (circle one) membership in the Keweenaw Bay Indian Community. This relinquishment of membership is made for the following reasons:

with the full understanding that henceforth he/she (circle one) shall no longer be a member of the Keweenaw Bay Indian Community and that he/she (circle one) is no longer eligible for the benefits of the Keweenaw Bay Indian Community

Parent/Guardian Signature _____

DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC

Relationship to minor _____

Parent/Guardian Address _____

City/State _____ Zip _____

STATE OF _____

COUNTY OF _____

subscribed and sworn to be for on this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires _____

DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY

Date of approve by the Enrollment Board of the Keweenaw Bay Indian Community

Day

Month

Year

Entered By