## AFFIDAVIT OF RELINQUISHMENT FOR A MINOR

Ι,	- Marin	(Name of Parent/Legal Guardian), on behalf of				
	, (Name of Child) Date of Birth:			, as	, as the Parent/Legal	
Guardian, hereby apply to sever		(Name	of Child)	tribal re	lations with the	
TRIB	E. I am relinquishing	his/her (circle one	e) membersh	ip from t	he Tribe for the	
following reasons: (PLEASE LIST REASONS	5)					
My request to cancel his/her (circle henceforth he/she (circle one) shall cease to	hold membership in the	e				
TRIBE, and that he/she (circle one) will no lo	nger be eligible for ben	efits entitled to as a r	nember of the	e Tribe.		
Signature of Parent/Legal Guardian		MAILING ADDRESS				
		7. 70 700				
		CITY	STAT	Έ	ZIP CODE	
STATE OF:	)					
COUNTY OF:	) ss. )					
	,					
On this day of		_, 20, persona	illy appeared	d before	me, a Notary	
Public, in and for the county and state aforesa	iid,		, }	known to	o me or who	
provided to me to be the person described in		e foregoing instrumer	nt; who ackno	owledged	to me that (s)he	
executed the same freely and voluntarily and					. ,	
IN WITNESS WHEREOF, I have so				ar in this	certificate above	
written.	ot my mana and annot	, oo.a. coa., a	, , .			
minori.						
(SEAL)			NOTARY PI	IDLIC	10.0 d along	