



CROW CREEK SIOUX TRIBE

ENROLLMENT DEPARTMENT

P.O. BOX 547

FORT THOMPSON, S.D. 57339

PHONE (605)-245-2061 | FAX (605)-245-2132

EMAIL: ccstenrollment@midstatesd.net

RELINQUISHMENT OF TRIBAL MEMBERSHIP

I, _____, Date of Birth: _____, shown
as Enrollment No. _____, Blood degree: _____
of the Crow Creek Sioux Tribe; being lawful age and sound mind do hereby request that
membership in such Tribe be terminated, and that my name be taken from the tribal roll.
It is therefore my desire that I have no further affiliation with the Crow Creek Sioux Tribe,
and that I will take no part in local tribal affairs. I do hereby relinquish and surrender any
and all rights, title and interest that I may have in any undistributed property to or assets
of the Crow Creek Sioux Tribe.

Dated this _____ day of _____, 20_____.

Applicant's Signature

NOTARY PUBLIC

SUBSCRIBED AND SWORN TO ME ON THIS DAY _____ OF _____, 20_____.

SIGNATURE OF NOTARY PUBLIC: _____

MY COMMISSION EXPIRES ON: _____

(SEAL)