



CROW TRIBE EXECUTIVE BRANCH

DEPARTMENT OF ENROLLMENT & PER CAPITA

P.O. Box 159
CROW AGENCY, MT 59022

Relinquishment Request Form

By completing this form, the requester understands that if the relinquishment request is granted, **the petitioner shall cease to hold any rights, titles, and interests with Crow Tribal assets.** **DIRECTIONS:** Please enter your current name, date of birth, enrollment number, and address in the spaces provided below. Please also write in the space provided your reason for the request (for example, you are enrolling in another tribe). To complete **Section B** please sign and print your name and write the date. If the requester is a minor, the minor's parent/legal guardian must complete **Section B**. Finally, **Section C** must be completed by a notary.

Section A: Identification of Requester

1. Name (First — M.I. — Last)	2. Date of Birth (MM/DD/YYYY)	3. Enrollment Number (e.g. 202U123456)	
5. Mailing Address			
(STREET OR BOX #)	(CITY)	(STATE)	(ZIP CODE)

6. Reason for Request

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Section B: Acknowledgement & Signature

I hereby request relinquishment from the Crow Nation. This request for annulment of membership is made with the full understanding that henceforth I shall cease to hold any rights, titles, and interests with the Crow Tribe's assets. I further request that my name be removed from the Tribal Membership and any other Tribal Roll of the Crow Nation.

Requester Signature (or Parent/Legal Guardian)	Print Name of Requester (or Parent/Legal Guardian)	Date

Section C: Notary Section (must be completed)

(ENROLLMENT STAFF SIGNATURE TO VERIFY REQUESTER'S IDENTITY IF NO NOTARY)

STATE OF COUNTY OF _____

ON _____ BEFORE ME, _____
(DATE) (NOTARY)

PERSONALLY APPEARED, _____
(SIGNERS)

PERSONALLY KNOWN TO ME _____

WITNESS my hand and official seal

(NOTARY SIGNATURE)

Enrollment Office Use Only — Signed if Request Granted

_____ Enrollment Committee Member	_____ Date	_____ Enrollment Committee Member	_____ Date
_____ Enrollment Committee Member	_____ Date	_____ Enrollment Committee Member	_____ Date
_____ Enrollment Committee Member	_____ Date	_____ Enrollment Committee Member	_____ Date