

# RELINQUISHMENT

Confederated Salish and Kootenai Tribes

## TO WHOM IT MAY CONCERN:

This is to certify that I, \_\_\_\_\_, Parent and/or Legal guardian of \_\_\_\_\_, do hereby wish TO RELINQUISH MEMBERSHIP OF the above named CHILD WITH THE CONFEDERATED SALISH AND KOOTENAI TRIBES OF THE FLATHEAD INDIAN RESERVATION, MT. Pursuant to authority of the Tribes' Constitution and Bylaws Article II, Section 5 (1);

### TO BE RELINQUISHED:

- 1). Membership in the Confederated Salish and Kootenai Tribes.
- 2). All future Tribal Benefits.
- 3). All Hunting and Fishing Rights now held by Members of the the Confederated Salish and Kootenai Tribes.
- 4). Any and all privileges now extended to Members of the Confederated Salish and Kootenai Tribes.

My reasons for Relinquishment of Membership from the Confederated Salish and Kootenai Tribes are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I fully understand by Relinquishing all Rights and Privileges of being a member of the Confederated Salish and Kootenai Tribes, my Child will be eligible for reinstatement or readoption in the Confederated Salish and Kootenai Tribes upon reaching majority age (18 yrs old).

(Signatures of Both Parents or Court Appointed Guardians required for removal of Minor)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(address)

(Seal)

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Signature of Notary

Notary Public in and for

The State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_