



# Spirit Lake Tribe

## Enrollment Department

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### RELINQUISHMENT OF TRIBAL MEMBERSHIP OF A MINOR

We/I, \_\_\_\_\_, the parent(s) of \_\_\_\_\_  
D.O.B. \_\_\_\_\_ Enrollment # \_\_\_\_\_ do hereby request to relinquish membership for  
him/her in the SPIRIT LAKE TRIBE.

This cancellation of membership is made with the full understanding henceforth he/she shall cease to hold  
membership with the SPIRIT LAKE TRIBE and will no longer be eligible for benefits entitled as a member.

The membership will be cancelled on the date of acceptance in \_\_\_\_\_ Tribe.

The undersigned each hereby certify on behalf of the applicant that the foregoing information is true and correct. If  
any material is false, any disenrollment granted pursuant to this application shall be void and of no force or effect.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

Subscribed and Sworn before me this  
\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

Subscribed and Sworn before me this  
\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County/State

\_\_\_\_\_  
County/State

My Commission expires \_\_\_\_\_

My Commission expires \_\_\_\_\_