204 Siginaka Way Suite 300, Sitka, AK 99835 907-747-3207 www.sitkatribe.org

Adult Relinquishment Form

I,_____ an adult person,
(print your name here)

do hereby relinquish my Tribal Citizenship with the Sitka Tribe of Alaska. This relinquishment of my Tribal Citizenship is made freely and voluntarily with the full understanding that henceforth I shall cease to hold citizenship in Sitka Tribe of Alaska. I will no longer be eligible for the benefits that I am entitled to as a citizen of the Sitka Tribe of Alaska. My citizenship will be relinquished and revoked at the next regular Sitka Tribe of Alaska Tribal Council meeting.

_____ _____
Full Name (First, Middle, Last Name) Date of Birth

_____
Applicants Address, City, State, Zip code

_____ _____
Signature of person requesting relinquishment Date

Subscribed and sworn to be before a notary public, this _____ day of _____ 20 _____

by: _____
(Name of Individual)

_____
Notary Public

Seal

My Commission Expires: _____