



Choctaw Nation of Oklahoma

Tribal Membership Department
P.O. Box 1210
Durant, Oklahoma 74702-1210
Phone: 800-522-6170

November 5, 2018

To Whom It May Concern:

The Choctaw Nation of Oklahoma requires an original notarized relinquishment statement in order for an individual to relinquish rights with our tribe and become a member with another. When we receive this statement, **we automatically relinquish the individual from our tribe.** We then make a copy of the notarized statement and send it to the tribe they wish to be a member with.

Please attach all Choctaw Nation Tribal Membership/Photo ID cards to the notarized relinquishment when returning it to us. If you have any questions regarding this matter, please feel free to contact this office.

Respectfully,

Tribal Membership Department
Choctaw Nation of Oklahoma



Choctaw Nation of Oklahoma
Tribal Membership Department
P.O. Box 1210
Durant, OK 74702
Phone: 800-522-6170

RELINQUISHMENT STATEMENT
(Relinquishment of Membership in the Choctaw Nation)

I, _____
First Name Middle Name Last Name Maiden Name

do hereby relinquish my membership as a member of the **CHOCTAW NATION OF OKLAHOMA**. I am making this relinquishment in order that I may be enrolled with the _____ Tribe of Indians, with which I am eligible for membership. I am making this relinquishment voluntarily and I understand that I will no longer be a member of the **CHOCTAW NATION OF OKLAHOMA**. I understand that I also must have the approval of the Tribal Council of the **CHOCTAW NATION OF OKLAHOMA** in order to be REINSTATED with the **CHOCTAW NATION OF OKLAHOMA**.

Article III, Section (2) of the **CONSTITUTION OF THE CHOCTAW NATION OF OKLAHOMA**,
"No enrolled member of another tribe or person who votes as a citizen or member of another tribe shall be eligible to vote in elections of the **CHOCTAW NATION OF OKLAHOMA**."

I have read and do hereby understand the contents of this relinquishment statement.

Dated this _____ day of _____, 20____.

Signature: (Full Birth Name) Parent or guardian must sign for minor.

Social Security Number:

Date of Birth:

Subscribed and sworn to before me this _____ day of _____, 20____.

Seal:

Notary Public

My commission expires:

Received by Tribal Membership Department:

Attest:

Gary Batton, Chief
Choctaw Nation of Oklahoma

Terry Stephens, Director
CDIB/Membership