



Choctaw Nation of Oklahoma

PO Box 1210
Durant, Oklahoma 74702-1210
Phone: 580-924-8280 or 1-800-522-6170

OFFICE OF TRIBAL MEMBERSHIP

Greetings,

The Constitution of the Choctaw Nation of Oklahoma does not permit dual enrollment. Therefore, if you wish to stay a member of the Chickasaw Nation, you cannot become a member of the Choctaw Nation.

If you are a member of the Chickasaw Nation and wish to terminate your membership/voting rights with them to become a member of the Choctaw Nation, then you may do so by completing this relinquishment statement and returning it to the following address:

Chickasaw Nation
Attn: Citizenship
P.O. Box 1548
Ada, OK 74820

Once the Chickasaw Nation has received and processed the relinquishment, they will send a copy to us. Please check with our office for the status of your relinquishment, at which time you will need to submit a Tribal Membership application (if you have not already done so). We will then complete the process of making you a member of the Choctaw Nation of Oklahoma and will send you a Tribal Membership card.

This will in no way affect your Certificate of Degree of Indian Blood card (CDIB); it only pertains to membership/voting.

Should you have any questions regarding this matter, please do not hesitate to contact us.

Respectfully,

Tribal Membership
Choctaw Nation of Oklahoma



RELINQUISHMENT OF CITIZENSHIP (ADULT FORM)

I, _____, do hereby swear or affirm that
First Middle Maiden Last
the following information is true and correct:

1. I am at least eighteen (18) years of age or older.

2. I, _____, hereby relinquish my
First Middle Maiden Last
citizenship/voter registration with **the Chickasaw Nation** so that I may enroll in the _____
tribe. I am making this relinquishment voluntarily and
understand that I will no longer have citizenship or voting privileges with **the Chickasaw Nation**. This
relinquishment of citizenship shall become effective on the date that it is received by **the Chickasaw
Nation**.

Dated this _____ day of _____, 20____.

Name: _____

Address: _____

Date of birth: _____ Social Security no.: _____

Card returned: ☐ Yes ☐ No (If No, explain): _____

Signature of Person Relinquishing
=====

Option 1:

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

Notary Public _____

Commission No. _____

My Commission Expires: _____

(Seal)

Option 2:

Witnessed by the undersigned on this _____ day of _____, 20____.

Signature of Witness _____

Printed Name of Witness _____

Signature of Witness _____

Printed Name of Witness _____

FOR ENROLLMENT OFFICE USE ONLY:

Date relinquishment received: _____ Received by (initials): _____

Date relinquished: _____



RELINQUISHMENT OF CITIZENSHIP (MINOR CHILD FORM)

I, _____, do hereby swear or affirm that the following information is true and correct:

I, _____, state that I am the parent/legal guardian having legal custody of
Print name _____, a minor child whose date of birth is _____.

First Middle Last
I do hereby relinquish the above named child's citizenship with **the Chickasaw Nation** so that I may enroll this minor child in the _____ tribe. I am making this relinquishment voluntarily and understand that this terminates the child's right as a citizen of **the Chickasaw Nation**. This relinquishment of citizenship shall become effective on the date that it is received by **the Chickasaw Nation**.

Note: If the minor child has been the subject of a legal action, which includes, but is not limited to, guardianship, divorce, adoption or other child custody proceeding, then a certified copy of the court order granting legal custody of the minor child must be attached to this relinquishment form.

Dated this _____ day of _____, 20____.

Name: _____

Address: _____

Social Security no.: _____
Child's

Card returned: ☐ Yes ☐ No (If No, explain): _____
Minor 12 years of age and older

Signature of Parent/Legal Guardian

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

Notary Public

Commission No.

My Commission Expires: _____

(Seal)

=====

FOR ENROLLMENT OFFICE USE ONLY:

Date relinquishment received: _____ Received by (initials): _____

Date relinquished: _____