



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 Seminole Nation, you cannot become a member of the Choctaw Nation.

If you are a member of the Seminole 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 the following address:

Seminole Nation
Attn: Enrollment
P.O. Box 1498
Wewoka, OK 74884

Once the Seminole 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 in no way will 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



Seminole Nation of Oklahoma

TRIBAL ENROLLMENT

POST OFFICE BOX 1498 PHONE (405) 257-6267
WEWOKA, OKLAHOMA 74884-1498

RELINQUISHMENT STATEMENT

I, _____, Birth date: _____, Social Security No.: _____,
do hereby relinquish my membership in the Seminole Nation of Oklahoma and request that my name be removed from the membership rolls of the Seminole Nation forever. I am making this relinquishment voluntarily and I understand that this relinquishment terminates all of my rights as a member and any political rights I may have as a member of the Seminole Nation of Oklahoma. I understand that this relinquishment will be effective immediately when received by the Enrollment Office of the Seminole Nation. I also understand that this relinquishment of membership will be an absolute and irrevocable relinquishment and that I will not be able to reapply for membership with the Seminole Nation of Oklahoma after the Enrollment Office has received this statement.

Card(s) Returned: Tribal Enrollment Yes ☐ No ☐ Explain: _____
Voter's Registration Yes ☐ No ☐ Explain: _____

What tribe will you be transferring your membership to: _____

Signature

Date

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

Notary Public

My commission expires: _____

FOR ENROLLMENT OFFICE USE ONLY:

Date Relinquishment Received: _____

Received By (initials): _____

Notification Date to Election Board: _____



Seminole Nation of Oklahoma

TRIBAL ENROLLMENT OFFICE

P.O. Box 1498

Phone (405) 257-7244

WEWOKA, OKLAHOMA 74884-1498

RELINQUISHMENT OF MINOR CHILD'S MEMBERSHIP IN THE SEMINOLE NATION

I, _____, state that I am the parent having legal custody of _____, a minor child whose birth date is _____, and whose social security number is _____, or that I am the legal guardian of the child shown by the attached certified copy of a court order. I do hereby relinquish the above named child's membership in the Seminole Nation of Oklahoma, conditioned on the child's acceptance for enrollment in the _____ Tribe, I understand that the relinquishment will be effective on the date of the enrollment in the other tribe, and that the Seminole Nation will remove the child's name from the membership rolls of the Seminole Nation when notified of the child's acceptance in the other tribe.

I am making this relinquishment voluntarily and understand that this relinquishment terminates all of the child's rights as a member of the Seminole Nation. I understand that when this relinquishment of the child's membership becomes final, it will be an **absolute and irrevocable** relinquishment, and that the child **will not** be able to reapply for membership with the Seminole Nation of Oklahoma.

Signature: _____

Date: _____

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

Notary Public

My Commission Expires: _____

FOR ENROLLMENT OFFICE USE ONLY:

Date Relinquishment Received: _____

Received By (Initials): _____