



PONCA TRIBE OF INDIANS OF OKLAHOMA
OFFICE OF ENROLLMENT

"Rich in Culture and Tradition"

RELINQUISHMENT OF TRIBAL MEMBERSHIP

NAME: _____ ENROLLMENT # _____

DOB: _____ ADDRESS: _____

The Ponca Tribe Enrollment Department does hereby acknowledge the request of the above named individual and their desire to be removed from the records of the official enrollment of the Ponca Tribe of Indians of Oklahoma.

In signing this document, the above individual acknowledges that all rights, and privileges as members of the Ponca Tribe of Indians of Oklahoma are now forfeited. I understand that I will no longer be a member of the Ponca Tribe of Indians of Oklahoma, nor will I seek membership with The Ponca Tribe of Indians of Oklahoma in the future.

This document becomes official upon the date of all signatures and attested by notary.

DATED THIS _____ DAY OF _____, 2025

PRINTED NAME: _____

SIGNATURE: _____

NOTARY PUBLIC SIGNATURE: _____

NOTARY PUBLIC NAME: _____

COUNTY OF: _____ IN THE STATE OF: _____

MY COMMISSION EXPIRES: _____

(SEAL)

PLEASE RETURN WITH A LETTER STATING YOU ARE ELIGIBLE FOR ENROLLMENT WITH THE OTHER TRIBE AND YOU WILL BE ACCEPTED WITH THAT TRIBE, ONCE YOU ARE RELINQUISHED FROM THE PONCA TRIBE OF INDIANS OF OKLAHOMA.