

WINNEBAGO TRIBE OF NEBRASKA
ENROLLMENT DEPARTMENT

Phone: 402-878-2028

1030 Buffalo Trail Suite 110 PO Box 687 Winnebago, NE 68071

Fax: 402-878-2024

ABSOLUTE RELINQUISHMENT

I, _____, born on _____ shown as number 383-U0_____ of the Winnebago Tribe of Nebraska do hereby request that my membership in the Winnebago Tribe of Nebraska be terminated and that my name be stricken from the Winnebago Tribe of Nebraska's membership roll. It is my desire to have no further affiliation with the Winnebago Tribe of Nebraska and that I no longer wish to take any part of local tribal affairs. I hereby relinquish and surrender any and all rights, titles, and interest that I have in any undistributed property or assets of the Winnebago Tribe of Nebraska. I fully understand that once I am relinquished from the Winnebago Tribe of Nebraska, I am ineligible to re-enroll for membership with the Winnebago Tribe of Nebraska ever again.

Dated This _____ day of _____, 20____.

Signature

Sworn to before me on this _____ day of _____, 20____.

(Seal)

Notary Public Signature

FOR ENROLLMENT OFFICE USE ONLY

Enrollment office received on: _____

Enrollment Committee reviewed on: _____

Tribal Council Decision: _____

Date: _____