



## 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

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### 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

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### FOR ENROLLMENT OFFICE USE ONLY:

Date relinquishment received: \_\_\_\_\_ Received by (initials): \_\_\_\_\_

Date relinquished: \_\_\_\_\_