the Chickasaw Nation

Chris Anoatubby
Governor

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 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: _____

_____

Birth date: _____ 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_____.

(Seal)

_____ _____
Notary Public Commission No.

My Commission Expires: _____

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: _____