

# Instructions & Important Information Regarding Request for Relinquishment of Siletz Tribal Membership



## Confederated Tribes of Siletz Indians Enrollment Department

201 SE Swan Ave

PO Box 549

Siletz, Oregon 97380-0549

Telephone: (541)444-8258 • Toll Free: (800) 922-1399 ext. 1258

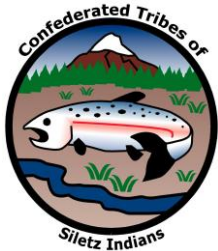
### **Enrollment Ordinance §2.309 Relinquishment of Membership:**

- (a) Any adult member of the Siletz Tribe over the age of eighteen may relinquish membership in the Tribe by written notice to the Tribal Council. Upon receipt of notice and verification by the Tribal enrollment staff and the Enrollment Committee, the Tribal Council, by resolution, shall direct the removal of that person's name from the roll.
- (b) Membership of an individual under the age of eighteen who is enrolled as a member of the Siletz Tribe may be relinquished only for purposes of enrolling in another Indian Tribe. If the parent(s) or legal custodian(s) of a Siletz minor desire to enroll such child in another Indian Tribe, they shall submit a request for relinquishment in writing to the Tribe. The request shall be reviewed by the tribal Enrollment Committee and Indian Child Welfare staff, who shall submit a written recommendation on the proposed relinquishment to the Tribal Council. The Tribal Council shall decide whether to accept or reject the relinquishment request.
1. For adults that wish to relinquish their membership, use FORM # ENROLL-006A (1 page).
  2. If you are parents wishing to relinquish your child's membership to enroll them with another Tribe, use FORM # ENROLL-006B (2 pages).
  3. PROCESSING:
    - a. Once the relinquishment request has been received, you will be sent a Letter of Notification that the request has been received with the dates of follow up actions by the Tribe.
    - b. The request will be reviewed by the Enrollment Committee at their quarterly posting review meeting.
    - c. The Enrollment Committee will make their recommendation to Tribal Council.
    - d. The Enrollment Committee's recommendation will be publicly posted in the area offices and the member area of the Tribal website.
    - e. You will be mailed a copy of the recommendation by certified mail.
    - f. When Tribal Council takes action on your request, you will be notified in the form of a Tribal Resolution.
  4. If you wish to have another Tribe notified of your relinquishment, please inform the Enrollment Clerk of this need.

# Request for Relinquishment of Siletz Tribal Membership For Adult Tribal Members Only

FORM # ENROLL-006A

SILETZ TRIBAL OFFICE USE ONLY	
RECEIVED DATE: _____	RECEIVED BY: _____
COMPLETE DATE: _____	POST #: _____



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I, \_\_\_\_\_, the undersigned, a duly enrolled member of the Confederated Tribes of Siletz Indians (CTSI hereafter) do hereby request to relinquish all benefits, rights, title, and interest which I may have as a member of the CTSI.

### REASON FOR RELINQUISHMENT:

I am applying for enrollment with the \_\_\_\_\_ Tribe.

Other: \_\_\_\_\_

Siletz Membership Roll#: \_\_\_\_\_

Signature: **X** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

● NOTARIZATION REQUIRED ●

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of person).

Notary Public:

\_\_\_\_\_

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

# Request for Relinquishment of Siletz Tribal Membership For a Minor by Parent or Legal Guardian

FORM # ENROLL-006B

SILETZ TRIBAL OFFICE USE ONLY	
RECEIVED DATE: _____	RECEIVED BY: _____
COMPLETE DATE: _____	POST #: _____



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As the parent(s) or legal guardian(s) of \_\_\_\_\_,  
a duly enrolled member of the Confederated Tribes of Siletz Indians (CTSI  
hereafter) we hereby request to relinquish all benefits, rights, title, and interest  
which our child has as a member of the CTSI.

We are applying for membership with the \_\_\_\_\_  
Tribe for our child. Enclosed is a letter of confirmation from the other Tribe that our  
child would meet their eligibility requirements once they are no longer a member of  
the CTSI.

Child's Siletz Membership Roll#: \_\_\_\_\_

Per the Enrollment Ordinance §2.309(b):

Membership of an individual under the age of eighteen who is enrolled as a member of the Siletz Tribe may be relinquished only for purposes of enrolling in another Indian Tribe. If the parent(s) or legal custodian(s) of a Siletz minor desire to enroll such child in another Indian Tribe, they shall submit a request for relinquishment in writing to the Tribe. The request shall be reviewed by the Tribal Enrollment Committee and Indian Child Welfare staff, who shall submit a written recommendation on the proposed relinquishment to the Tribal Council. The Tribal Council shall decide whether to accept or reject the relinquishment request.

**Request for Relinquishment of Siletz Tribal Membership**  
**For a Minor by Parent or Legal Guardian**

I make this relinquishment request with the full understanding that my child will no longer be eligible for benefits, including education assistance or tribal membership certification, from CTSI.

NOTE: The parent(s)/guardian(s) of this child must sign this relinquishment request in front of a Public Notary.

Parent/Guardian Signature: **X**  
\_\_\_\_\_  
Parent/Guardian Printed Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: **X**  
\_\_\_\_\_  
Parent/Guardian Printed Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

● NOTARIZATION REQUIRED ●

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (date) by  
\_\_\_\_\_ (name of person).

Notary Public:

\_\_\_\_\_

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_