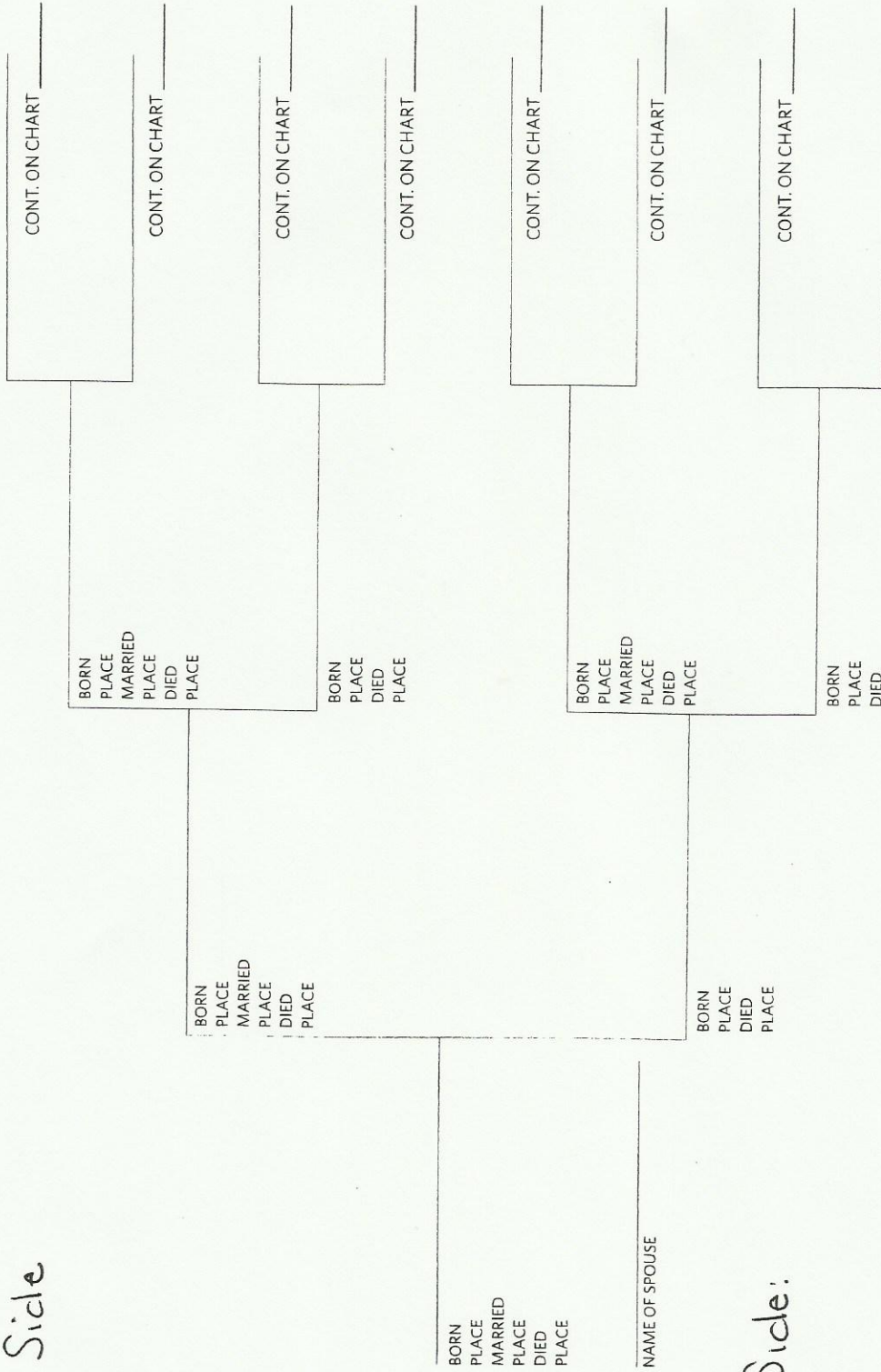


Father's Side



Mother's Side

Information on this sheet obtained from _____

HUSBAND'S NAME _____
 (Husband's Full Name)

WIFE'S MAIDEN NAME _____
 (Wife's Maiden Name)

Date _____
 Compiler _____
 Address _____
 City _____ State _____

PLEASE LIST ALL BROTHERS AND SISTERS ON THE BACK OF THIS FORM, ALONG WITH THEIR ADDRESSES.

When Born _____ Where _____
 Christianed _____ Where _____
 When Died _____ Where _____
 When Buried _____ Where _____
 Other Wives (if any) _____
 His Father _____ His Mother's Maiden Name _____

When Born _____ Where _____
 Christianed _____ Where _____
 When Died _____ Where _____
 When Buried _____ Where _____
 Other Husb. (if any) _____
 Her Father _____ Her Mother's Maiden Name _____

CHILDREN (Arrange in order of birth)	Male or Female	When Born			Where Born			When Married			Where Buried			State or Country	
		Day	Month	Year	Town or Place	County	State or Country	Day	Month	Year	Town or Place	County	State or Country		
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															

*If burial date is known, and no death date write burial date Prefix Bur.

**MIAMI NATION OF INDIANA
TRIBAL RELINQUISHMENT FORM**

INSTRUCTIONS: Please complete the statement that best fits your situation and submit to the Tribal Enrollment Department after having the verification of a Public Notary. (Notaries can be located at your local courthouse or bank.)

I, _____, do attest that I am NOT a registered member of ANY other Native American tribe, and therefore cannot be considered "dually enrolled". I realize that dual enrollment is against the Miami Nation of Indians of Indiana's enrollment criteria.

OR

I, _____, being over the age of 18, do hereby sever my tribal relations with the Miami Nation of Indians of the State of Indiana.

I am relinquishing my membership in the tribe for the following reasons:

This cancellation of my citizenship is made freely and voluntarily with the full understanding that henceforth I shall cease to hold membership in the Miami Nation of Indians of the State of Indiana, and that I will no longer be eligible for benefits I am entitled to as a member of the tribe. I also understand that it is illegal to draw benefits from two different tribal entities.

I am also RELINQUISHING the membership ATTESTING to no Dual Enrollment of the following minor children:

Name/Date of Birth

Signature

Date

Signature

Date

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____

Notary Public Signature

Notary Public Contact Number

INSTRUCTION SHEET FOR NEW

ENROLLMENTS

New Enrollment paperwork must be COMPLETE and accompanied by a **CERTIFIED BIRTH CERTIFICATE DIRECT FROM COURTHOUSE OR INSTITUTION OR NOTORIZED COPY**. (PHOTOCOPIES NOT ACCEPTED).

Birth certificates **MUST** biologically connect the applicant to a current tribal member (living or deceased); and/or to a relative on the 1854, 1889, or 1895 Indiana Miami base roll. Applications that do not follow these directions will be rejected and returned for correction. Please refer to this sheet when completing documents. If you have any additional questions, please contact the Tribal Enrollment Department at 765-473-9631 or via email at mnienrollment@yahoo.com.

1. **MNI Census Roll Sheet**: The enrollee's information must be listed in full on this document. If the new enrollee is a minor child, a parent, grandparent, or guardian must complete all documents and signatures. Please don't forget to include compiler's name and phone number.
2. **Family Tree Chart (Pedigree Chart)**: This document must be completed for each enrollee. Enrollee's name should be listed under the "YOU" heading, and the chart must be completed three generations back. (EX: Enrollee, Enrollee's parent, Enrollee's grandparent). Please complete as much information as possible.
3. **Family Sheet**: This page **MUST** be completed for current enrollee's siblings. Miami Parent must be listed under either "Husband's Name" or "Wife's Name", and the enrollee and their siblings should be listed below IN ORDER OF BIRTH. It is **EXTREMELY** important siblings are listed correctly in order to assign appropriate tribal roll numbers.
4. **Relinquishment Form**: Due to BIA guidelines, ALL ENROLLEE'S **MUST** sign a relinquishment form and have it notarized by a local public notary. Guidelines state "dual enrollment" is prohibited per Federal regulations under the BIA.

Please mail these completed documents along with birth certificate to MINI ENROLLMENT DEPARTMENT, P.O. BOX 41, PERU, IN 46970.

PLEASE INCLUDE PHONE NUMBER IN THE EVENT OF ANY IMMEDIATE QUESTIONS OR CONCERNS.

INCOMPLETE DOCUMENTS WILL BE MAILED BACK TO SENDER.