

**MIAMI NATION OF INDIANA
ENROLLMENT VERIFICATION 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, bank or tribal office.)

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 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