

SAGINAW, SWAN CREEK & BLACK RIVER BANDS OF CHIPPEWA

P.O. Box 3544, Saginaw, MI 48601-3544

**Conditional Relinquishment
Acknowledgment Letter**

PLEASE READ CAREFULLY

1. A *Conditional Relinquishment* is a legal instrument by which a person may surrender their citizenship/membership with the Saginaw, Swan Creek & Black River Bands of the Chippewa Nation **only** on the condition that they are accepted as an enrolled member/citizen in another federally recognized Indian Tribe on or before the *Anticipated Enrollment Date*. **Initials** _____
2. A *Conditional Relinquishment* with an Anticipated Enrollment Date that has expired before the citizen/member is enrolled in another federally recognized Indian Tribe is considered expired and invalid. **Initials** _____
3. Any person who wishes to voluntarily surrender their tribal citizenship/membership in the Saginaw, Swan Creek & Black River Bands of the Chippewa Nation to become a member/citizen of another federally recognized tribe may **only** do so by a *Conditional Relinquishment*. **Initials** _____
4. A *Conditional Relinquishment* shall operate to delay any surrender of citizenship/membership with the Saginaw, Swan Creek & Black River Bands of the Chippewa Nation from becoming effective until citizenship/membership is finally accepted in another federally recognized Indian Tribe, notice is properly given to the Enrollment Department and is independently confirmed by the Enrollment Department. **Initials** _____
5. A *Conditional Relinquishment* must be on a form generated by the Enrollment Department of the Saginaw, Swan Creek & Black River Bands of the Chippewa Nation. **Initials** _____
6. A valid *Conditional Relinquishment* must be signed with a blue ink pen in the presence of a Notary Public and bear a valid Notarial Seal. **Initials** _____

7. Only an original *Conditional Relinquishment* signed with a blue ink pen bearing a valid Notarial Seal will be accepted. **Initials** _____
8. The original *Conditional Relinquishment* must be sent by mail to:
- Saginaw, Swan Creek & Black River Bands of the Chippewa Nation**
Office of the Tribal Clerk
ATTENTION: ENROLLMENT CLERK
P.O. Box 3544
Saginaw, MI 48601-3544
9. It is the responsibility of the citizen/member to notify the Enrollment Department of the Saginaw, Swan Creek & Black River Bands of the Chippewa Nation in writing when they have become an enrolled citizen/member of another federally recognized tribe. **Initials** _____
10. The written notice of enrollment in another federally recognized tribe must be sent to:
- Saginaw, Swan Creek & Black River Bands of the Chippewa Nation**
Office of the Tribal Clerk
ATTENTION: ENROLLMENT CLERK
P.O. Box 3544
Saginaw, MI 48601-3544
11. This *Conditional Relinquishment Acknowledgment Letter* and the following *Conditional Relinquishment Form* must be submitted together to become valid, and both forms must be original. **Initials** _____

I have read the *Conditional Relinquishment* requirements and by signing this I agree to contact the Saginaw, Swan Creek & Black River Bands of the Chippewa Nation by the anticipated date of enrollment or if I become enrolled with another federally recognized tribe before that time. I understand that once I become enrolled with the another federally recognized tribe my re-enrollment with the Saginaw, Swan Creek & Black River Bands of the Chippewa Nation is not guaranteed.

Date: _____

Signature

THIS FORM MUST BE INCLUDED WITH THE CONDITIONAL RELINQUISHMENT FORM

SAGINAW, SWAN CREEK & BLACK RIVER BANDS OF CHIPPEWA

P.O. Box 3544, Saginaw, MI 48601-3544

CONDITIONAL RELINQUISHMENT FORM

DO NOT FAX OR EMAIL THIS FORM

I _____ on behalf of myself ☐ or on behalf of another ☐

as a parent ☐ legal guardian ☐ of _____

Citizenship/Membership Number: _____ D.O.B.: _____

do hereby voluntarily file this *Conditional Relinquishment* with the Saginaw, Swan Creek & Black River Bands of the Chippewa Nation for the purpose of surrendering the citizenship/membership of the above-named person on the condition of my/their enrollment as in another federally recognized tribe on or before the following date: _____

I have already applied for membership ☐

I have yet to apply for membership ☐

Name of federally recognized tribe: _____

Street Address, City, State, Zip Code: _____

Website/Email Address: _____

Area Code/Phone Number: _____

Enrollment Officer/Clerk: _____

Coordinator & Other Phone: _____

Anticipated Date of Enrollment: _____

I am completing this *Conditional Relinquishment* freely and voluntarily with the full understanding that I agree to contact the Saginaw, Swan Creek & Black River Bands of the Chippewa Nation by the anticipated date listed above or if I become an enrolled citizen/member of another federally recognized tribe prior to the anticipated date above.

Date: _____

Signature

Printed Name

ACKNOWLEDGMENT

State of _____)

County of _____)

On _____ before me, _____

personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the above-named, or the legal guardian upon the behalf of which the person acted, executed the instrument in my presence.

I certify under PENALTY OF PERJURY under the laws of the State of _____

that the foregoing paragraph is true and correct.

Printed Name: _____

Acting in the County of: _____

My Commission Expires: _____

WITNESS my hand and official seal.

Signature: _____ (SEAL)