



Little Traverse Bay Bands of Odawa Indians  
 Enjiboozbiigeng  
 Enrollment Office  
 7500 Odawa Circle  
 Harbor Springs, MI 49740  
 (231) 242-1520 • (231) 242-1521 • (231) 242-1522  
 E: [enrollment@ltbbodawa-nsn.gov](mailto:enrollment@ltbbodawa-nsn.gov)  
 F: (231) 242-1526

## Relinquishment

### Minor/Legal Incompetent

Name of Parent/Legal Guardian		I am the:	Parent Legal Guardian
Name of Minor/Legal Incompetent		Who is the:	Minor Legal Incompetent

I, the parent/legal guardian, am applying for membership in the following tribe for this minor/legal incompetent whose date of birth is \_\_\_\_\_ and whose LTBB enrollment number is \_\_\_\_\_

\_\_\_\_\_  
 Name of Federally Recognized Tribe

Address	City	State	Zip Code
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- I request relinquishment of LTBB membership of the minor/legal incompetent effective immediately.
- The minor child or legally incompetent person listed above shall remain a Citizen of LTBB until a **final order** from the Tribal Court is issued based on the Court's findings that this relinquishment is in the best interests of the child or person deemed incompetent. I will provide a certified copy of the Court's order to LTBB Enrollment Office.

I am completing this **Relinquishment** freely and voluntarily with full understanding that the LTBB Tribal Court makes the determination of accepting this form.

Parent/Guardian/Custodian of Legal Representation	Date
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### NOTARY PUBLIC

Subscribed and sworn before me in \_\_\_\_\_ County, State of \_\_\_\_\_

On \_\_\_\_\_ (month/day), 20\_\_\_\_ by \_\_\_\_\_  
(Name of Principal)

\_\_\_\_\_  
 Notary Public Signature

Stamp/Seal

\_\_\_\_\_  
 Notary Public Printed Name  
 My Commission Expires on: \_\_\_\_\_