



Sitka Tribe of Alaska
456 Katlian Street
Sitka, AK 99835
Phone: 907-747-3207
Fax: 907-747-4915
Email: enrollment@sitkatriben-sn.gov

Adult Relinquishment Form

To: _____

I, _____, an adult person, do hereby
relinquish my Tribal Citizenship with _____

This relinquishment of my Tribal Citizenship is made freely and voluntarily with the full understanding that henceforth I shall cease to hold citizenship in Sitka Tribe of Alaska. I will no longer be eligible for benefits I am entitled to as a Citizen of Sitka Tribe of Alaska. My Citizenship will be cancelled and approved at the next Regular Tribal Council meeting of Sitka Tribe of Alaska.

Signature of Person requesting relinquishment: _____

Date: _____

Applicant's Address: _____

Subscribed and sworn to before a notary public, this _____ Day of _____, 20____,

by: _____
Name of Individual

Notary Public
My Commission Expires: _____

SEAL