



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

Relinquishment of a Minor Form

To: _____

I, _____, parent legal guardian of
_____, do hereby relinquish my Tribal Citizenship
with Sitka Tribe of Alaska.

By signing this form, I understand that henceforth the above minor listed shall cease to hold citizenship in Sitka Tribe of Alaska. The minor on this form will no longer be eligible for benefits as entitled to as a citizen of Sitka Tribe of Alaska. The citizenship of the above minor will be cancelled and approved at the next Regular Tribal Council meeting of Sitka Tribe of Alaska.

Signature of Parent /Legal Guardian of the above minor: _____

Date: _____

Applicant's Address: _____

Subscribed and sworn to before a notary public, this _____ Day of _____
20_____, by: _____
(Name of Individual)

SEAL

Notary Public
My Commission Expires: _____