THE HOPI TRIBE

Lamar B. Keevama
CHAIRMAN

Mikah H. Kewanimptewa Sr.
VICE-CHAIRMAN

REQUEST FOR RELINQUISHMENT OF A MINOR CHILD

DATE: _____

NOTICE IS HEREBY GIVEN that We/I the parent(s)/legal guardian desire to relinquish membership of our/my minor child from the Hopi Tribe:

Name of Child: _____ Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Enrollment #_____
Mother's Name: _____ Father's Name: _____
Legal Guardian's Name: _____

Reason for Relinquishment: _____
_____

☐ Attached is written proof of enrollment into the _____ Tribe.

OR

☐ Attached is written proof of a completed membership application that was filed with the _____Tribe on this date of: _____.

The Hopi Enrollment Ordinance #33, Section 11.2 states:

A) Both parents or legal guardian of a minor, who is an enrolled member of the Hopi Tribe, may change the membership of such minor to another Indian Tribe, with the approval of the Hopi Tribal Council. Approval of the Hopi Tribal Council shall be based on the best interest of the child.

B) Any person whose membership has been changed to another Indian tribe by his or her parents or legal guardian shall, upon reaching the age of adulthood, be eligible for re-enrollment in the Hopi Tribe in accordance with Section 7 of this Ordinance.

C) Relinquishment or renunciation of Hopi Tribal membership shall not be permitted or become effective for minors, until written proof of enrollment in another Indian tribe has been submitted and verified. If this policy is in conflict with another Indian Tribe,

the relinquishment will become effective upon submission of a membership application into another Indian tribe, rather than the relinquishment becoming effective upon reenrollment in the other tribe.

D) If membership is denied into another Indian Tribe, the minor is allowed to re-enroll in accordance with Section 7 of this Ordinance.

We/I have read Section 11.2 of the Hopi Tribal Enrollment Ordinance #33 (above) and fully understand the requirements for relinquishment of tribal membership. Furthermore, We/I knowingly and voluntarily submit this Request for Relinquishment of Minor Child.

_____ _____

Signature of Mother of Minor Child/ Legal Guardian Date

STATE OF _____

COUNTY OF _____

This record was acknowledged before me on _____ by _____

_____

Notary Public

My Commission Expires:_____

We/I have read Section 11.2 of the Hopi Tribal Enrollment Ordinance #33 (above) and fully understand the requirements for relinquishment of tribal membership. Furthermore, We/I knowingly and voluntarily submit this Request for Relinquishment of Minor Child.

_____ _____

Signature of Father of Minor Child/ Legal Guardian Date

STATE OF _____

COUNTY OF _____

This record was acknowledged before me on _____ by _____

_____

Notary Public

My Commission Expires:_____

8/2026