



Little Traverse Bay Bands of Odawa Indians  
 Enrollment Office  
 7500 Odawa Circle  
 Harbor Springs, MI 49740  
 (231) 242-1520 ■ (231) 242-1521



## Conditional Relinquishment for Minor / or Person Deemed Incompetent

I \_\_\_\_\_, am the parent/legal guardian (circle one) of \_\_\_\_\_, a minor child/legal incompetent (circle one) born: \_\_\_\_\_

whose LTBB enrollment number is : \_\_\_\_\_ . I am applying for membership for this minor/legal incompetent (circle one) with: \_\_\_\_\_

Name of Federally Recognized Tribe			
Address	City	State	Zip Code

- I request relinquishment of LTBB membership of the minor/incompetent effective only upon acceptance by the \_\_\_\_\_ Tribe as a duly enrolled member of that Tribe.
- This conditional relinquishment shall become effective upon approval by LTBB Tribal Court order. If the LTBB Tribal Court approves of this conditional relinquishment I will provide a certified copy of the Court's order to the LTBB Enrollment Office.
- The minor child or legally incompetent person shall remain a Citizen of LTBB until a **final order** from the Tribal Court is issued based on the Court's findings that this conditional relinquishment is in the best interests of the child or person deemed incompetent, and I provide the Enrollment Office proof that acceptance of enrollment in the \_\_\_\_\_ Tribe is complete.

I am completing this **Conditional 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

**NOTARY PUBLIC**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before  
 me, and provided \_\_\_\_\_ identification and acknowledged to me that he/she signed  
 this document freely and voluntarily. *Notary Stamp*

*(Document Signer's Name)*  
*(Type of Identification)*

\_\_\_\_\_  
 Notary Printed Name / Notary Signature  
 My Commission Expires on: \_\_\_\_\_