ARCHAEOLOGICAL COLLECTIONS REGISTER FORM

Accession Number: 
State License Number: 
Repository Agreement Number: 
Name of Research Organization: 

Research Organization Address, Phone Number, and email address: 

Name of Principal Investigator/Archaeologist: 
Name of Field Crew Supervisor: 
Name of Archaeology Lab Manager: 
County: 
Site Number: 
Site Name: 
Site Field Number: 
Site Location (PLSS description): 
Project Name: 
Project Number: 
Level of Investigation: Survey [ ] Evaluation [ ] Mitigation [ ]

Date(s) of Field Work: 

Deed of Gift Required: YES [ ] NO [ ]
Deed of Gift Attached: YES [ ] NO [ ]
Federal Agency with MHS Memorandum of Understanding: YES [ ] NO [ ]
Collection Population: Cubic Feet [ ] Linear Feet [ ]
Collection Material Categories:
Lithic [ ] Ceramic [ ] Metal [ ] Glass [ ] Wood [ ] Leather [ ] Textile [ ] FCR [ ]
Floral Samples [ ] Faunal Samples [ ] Soil Samples [ ] C14 Samples [ ] Other [ ]
Is conservation required? YES [ ] NO [ ]
By MHS? YES [ ] NO [ ] Treatment Request Attached [ ]
By Researcher? YES [ ] NO [ ] Documentation Attached [ ]

Please attach a preliminary inventory (on a Continuation Sheet), if available, listing minimum attributes such as: object name, material, and count.

Approved by: __________________________ Date ____________
Rejected by: __________________________ Date ____________
Reason for rejection: __________________________

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