



MINNESOTA HISTORICAL SOCIETY

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: Monitoring  Survey  Evaluation  Mitigation

Date(s) of Field Work: \_\_\_\_\_

Landowner's Name: \_\_\_\_\_

Landowner's Address and Phone Number: \_\_\_\_\_

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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

By Researcher? YES  NO

Treatment Request Attached

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: \_\_\_\_\_