



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: Survey Evaluation Mitigation

Date(s) of Field Work: _____

Landowner's Name: _____

Landowner's Address and Phone Number: _____

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: _____