



Archaeology Collection Submission Form

Temporary Numbers (Assigned by SNOMNH)

Inventory No.: _____ Archive Subseries No.: _____ Registrar's No.: _____

Project Information

PI/Collector Information: (Name, Address, Affiliation, and Contact Information)

Legal Owner of Collection:

Project Name (as identified by P.I.):

Range of Collection Dates:

Collection Information (Attach additional sheet(s) as necessary)

Number of Boxes: Artifact _____ (cubic feet) Document _____ (linear inches)

Abstract Statement [Summarize the collection and its continuing research value (200 word limit)]

Conservation Needs [If yes for either artifacts or documents, please specify]

Special Housing Needs [If yes for either artifacts or documents, please specify (oversized/special environment)]

Catalog Concerns/Approved Exceptions

Culled Materials [If yes for either artifacts or documents, please list and include rationale]

Form Completed By: _____
Name and Title

_____ Date