



650 W. Washington St., Indianapolis, IN 46204

## ISMHS CRM Curation Application Form

Depositor (person(s)/company/agency): \_\_\_\_\_

Depositor Address, Phone Number, and email address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Name: \_\_\_\_\_

Project/Report Number: \_\_\_\_\_

Level of Investigation: Phase I  II  III

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

Name of Principal Investigator/Archaeologist: \_\_\_\_\_

Name of Archaeology Lab Manager: \_\_\_\_\_

State Site Number(s) where material was collected and will be curated by ISMHS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State Site Number(s) that are included within project/report, but no material was collected:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site(s) location (County/Municipality): \_\_\_\_\_

Please answer the following:

1. Does the Depositor have documentation regarding ownership? Yes  No   
If no, please include a separate page describing ownership status and reason(s) for lack of documentation.

2. Do any of the sites qualify for NRHP or IRHSS listing? Yes  No   
If yes, please denote on the Preliminary Inventory Form.
3. Do any artifacts/materials fall within NAGPRA regulations? Yes  No   
If yes, NAGPRA compliance is the responsibility of the donor.
4. Will any specimen(s) pose special conservation concerns? Yes  No   
If yes, use a separate page to list the field site and describe the artifact(s) and conservation requirements. Conservation must be done prior to delivery, unless a waiver has been issued by ISMHS.
5. Including both artifact and record storage, how many boxes (standard storage box = 1 cubic foot) will it take to store this project? \_\_\_\_\_
6. Does the collection contain any oversized/irregular sized objects, needing special storage?  
Yes  No   
If yes, please highlight this object(s) in the preliminary inventory. You should contact ISMHS staff to discuss any special storage situations.
7. Will any of the sites require further investigation before development? Yes  No   
If yes, please denote on the Preliminary Inventory Form.
8. Anticipated delivery date of collection to ISMHS? \_\_\_\_\_

**Please be sure to complete the Agreement and Preliminary Inventory forms.**

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This section to be completed by ISMHS staff.

Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Collection Approved: Yes  No  Conditional

Catalog Number Assigned: \_\_\_\_\_

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_