



650 W. Washington St., Indianapolis, IN 46204

ISMHS Curation Agreement Form

This form must be submitted for each project.

The responsible part of _____, referred to as the Depositor,
(person/s, company, or agency)
wishes to curate this project, identified as _____ with the
(Project/Report Number used by Depositor)
Indiana State Museum and Historic Sites Corporation (ISMHS). The Depositor has read the
*Handbook for the Curation of CRM Archaeological Acquisitions at the Indiana State Museum
and Historic Sites Corporation* provided by the ISMHS and agrees to the contents therein. The
Depositor acknowledges that all projects must be cataloged according to ISMHS standards,
must include all necessary hard and digital copies of catalogs, reports, and ownership of
material documentation; must be delivered to ISMHS in a timely fashion; and must be paid
upon receipt. The Depositor acknowledges that ownership of the material associated with this
project is transferred to the ISMHS (with exceptions for Federal collections).

Printed Name: _____ (representative of the Depositor)

Signature: _____ Date: _____