ARTIFACT CURATION FORM

GENERAL INFORMATION

Please Print

Antiquities Permit No. ____________________________________________________________

Principal Investigator __________________________________________________________

Agency/Institution/Company ______________________________________________________

Project Name _________________________________________________________________

Location of Project Area _________________________________________________________

Approximate Project Dates ______________________________________________________

CERTIFICATION OF CURATION

The undersigned verifies that artifacts and documents associated with investigations performed under Antiquities Permit or under federal regulations were delivered to this repository in satisfactory condition and have been accepted for permanent curation.

Signature of Authorized Representative __________________________________________

Please Print

Name of Authorized Representative ______________________________________________

Title _________________________________________________________________________

Name of Curatorial Facility _____________________________________________________

Date _________________________________________________________________________

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Archeology Division
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