

# Artifact Documentation Form

Site No: \_\_\_\_\_ Site Name: \_\_\_\_\_ Date: \_\_\_\_\_

County: \_\_\_\_\_ Project: \_\_\_\_\_ Facility/Collection: \_\_\_\_\_ Analyst: \_\_\_\_\_

Accession No: \_\_\_\_\_ Other Catalog Info: \_\_\_\_\_ Burial No: \_\_\_\_\_

Authentic  Inauthentic  Authenticity Uncertain Description: \_\_\_\_\_ No. of pieces: \_\_\_\_\_

Photos/ref in publication: \_\_\_\_\_ Cultural Affiliation: \_\_\_\_\_

## Material Class & Artifact Group:

<input type="checkbox"/> <u>Glass</u> <input type="checkbox"/> bead <input type="checkbox"/> bottle <input type="checkbox"/> fragment <input type="checkbox"/> other: _____ Color: _____	<input type="checkbox"/> <u>Shell</u> <input type="checkbox"/> bead <input type="checkbox"/> pendant <input type="checkbox"/> fragment <input type="checkbox"/> ear plug <input type="checkbox"/> gorget <input type="checkbox"/> pin <input type="checkbox"/> unmodified <input type="checkbox"/> cup <input type="checkbox"/> other: _____ <input type="checkbox"/> engraved	<input type="checkbox"/> <u>Ceramic</u> <input type="checkbox"/> dec. sherd temper: _____ <input type="checkbox"/> plain sherd temper: _____ <input type="checkbox"/> effigy: _____ <input type="checkbox"/> ear plug <input type="checkbox"/> pipe <input type="checkbox"/> other: _____ <input type="checkbox"/> rim/neck <input type="checkbox"/> body <input type="checkbox"/> base	<input type="checkbox"/> <u>Bone</u> <input type="checkbox"/> bead <input type="checkbox"/> awl <input type="checkbox"/> ear plug <input type="checkbox"/> pin <input type="checkbox"/> unmodified <input type="checkbox"/> tool: _____ <input type="checkbox"/> other: _____ <input type="checkbox"/> engraved	<input type="checkbox"/> <u>Lithic</u> <input type="checkbox"/> ground <input type="checkbox"/> chipped <input type="checkbox"/> arrowpoint <input type="checkbox"/> pipe <input type="checkbox"/> bead <input type="checkbox"/> hafted biface <input type="checkbox"/> raw/unmodified <input type="checkbox"/> other: _____ Material: _____	<input type="checkbox"/> <u>Composite</u> Materials: _____ Description: _____ <input type="checkbox"/> <u>Other</u> material: _____ object: _____
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Metal  
 ferrous  
 non-ferrous  
 cuprous  
 armband/bracelet  
 wire  
 bead  
 tinkling cone  
 pendant  
 scrap  
 modern  
 other: \_\_\_\_\_

Type: \_\_\_\_\_ Variety: \_\_\_\_\_ Citation: \_\_\_\_\_

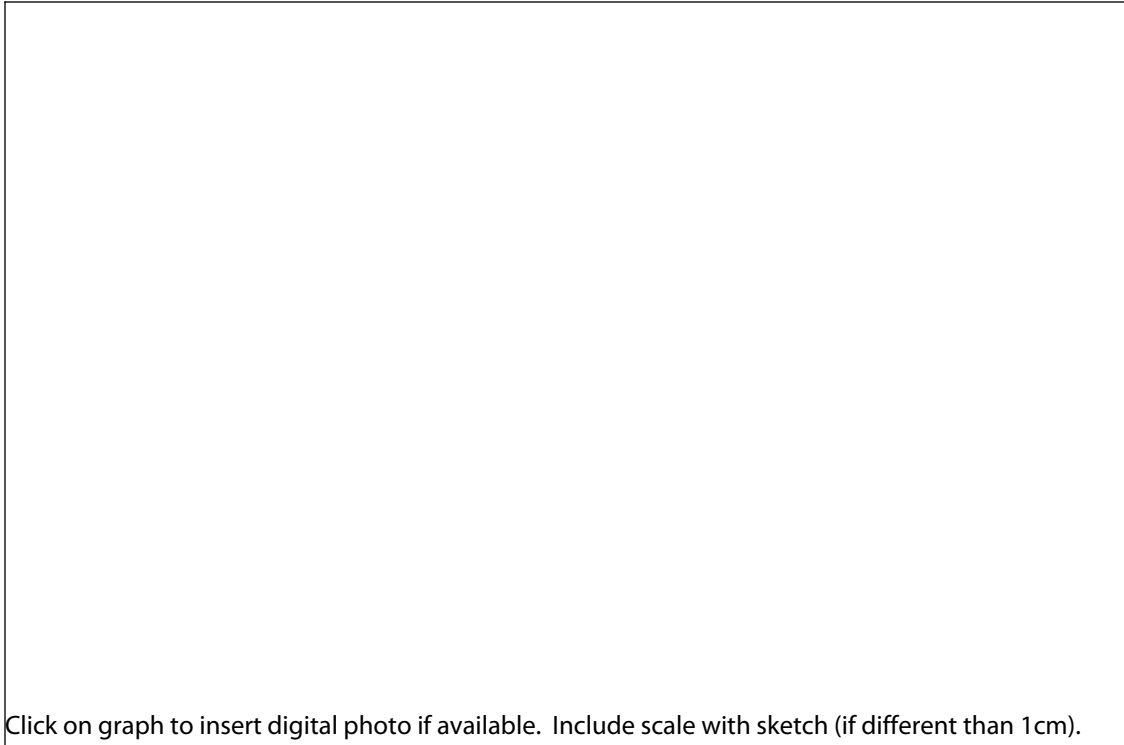
Complete  Complete, reassembled  Partial, missing portions: \_\_\_\_\_

Unit of Measurement (cm/mm preferred, i.e. 00.0cm)	Weight in g/mg	Measurements taken by: _____
Length 1 _____ at _____	Length 2 _____ at _____	
Width 1 _____ at _____	Width 2 _____ at _____	
Height 1 _____ at _____	Height 2 _____ at _____	
Thickness 1 _____ at _____	Thickness 2 _____ at _____	

Description:

Accession No: \_\_\_\_\_

Additional Description:



Click on graph to insert digital photo if available. Include scale with sketch (if different than 1 cm).

artifact sketched on written form

1 cm

digital form only

written form also, no sketch

**Photo Numbers:**

Black & White: \_\_\_\_\_

Color Slide: \_\_\_\_\_

Digital: \_\_\_\_\_

Photographer: \_\_\_\_\_

