

**ARCHAEOLOGY COLLECTIONS  
CLAIM SUBMISSION FORM**

**1. Who is making the claim?**

Provide the name(s) and contact information of the lineal descendant(s) or federally recognized Tribe or Nation submitting the claim.

**2. On what basis are you making the claim? (Select only one)**

- Lineal Descent or Kin Affiliation
- Cultural Affiliation
- Tribal Land Status
- Aboriginal Land Status

**3. What type of claim is this? (Select only one)**

Individual  
Submitted by a lineal descendant(s) or a single federally recognized Tribe or Nation.

Joint  
Submitted by a single federally recognized Tribe or Nation acting in a lead role. Tribes or Nations involved in a joint claim must notify MDAH in writing acknowledging one claimant as the receiver of individuals and/or objects.

**4. What is being claimed? (Select all the apply)**

- Human Remains and Associated Funerary Objects
- Unassociated Funerary Objects
- Sacred Objects
- Objects of Cultural Patrimony

**5. What specific collection(s) or object(s) are you claiming?**

Site Names, Site ID Number(s), State/County of Origin, Catalogue Numbers, Accession Numbers, etc. You may attach a document to detail this information.

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

This form should be signed by the governing authority or a duly authorized NAGPRA designee of the federally recognized Tribe or Nation submitting the claim.

Please be sure to provide any necessary attachments. If not currently on file with MDAH, please also include paperwork from the Tribe or Nation's governing authority that confirms you have the authority to oversee NAGPRA for the Tribe or Nation.

PLEASE NOTE: This form is not required to submit a claim. However, all claims must be made in writing, contain specific information, and be signed by the lineal descendant(s) submitting the claim, or the governing authority or authorized NAGPRA designee of the federally recognized Tribe or Nation submitting the claim.

MDAH reserves the right to verify all data included as part of a claim before accepting it.

Submit this form by mail to P.O. Box 571 Jackson, MS 39205 or send a scan to [archaeologycollections@mdah.ms.gov](mailto:archaeologycollections@mdah.ms.gov).