



**THE NAVAJO NATION
HISTORIC PRESERVATION DEPARTMENT
Cultural Resource Compliance Section**

**Identification of Gravesites, Human Remains, and Funerary Items *and*
Statement of Wishes for
Burials WITHOUT Lineal Descendants**

****CONFIDENTIAL****

(NOTE: Complete one form for each individual encountered)

DATE:

REPORT NO.:

SITE NO.:

REPORT AUTHOR(S):

REPORT TITLE:

LOCATION OF BURIAL:

Chapter:	UTM Zone:	N	E
Agency:	Land Status:		
County:	Township/Range:		
State:	USGS 7.5 Minute Map:		

DATE OF DISCOVERY:

ADDRESS/LOCATION OF RESIDENCE FOR LINEAL DECENDANT/RESPONSIBLE PARTY:

NAME/ORGANIZATION ADDRESS OF FIELD RECORDER:

DESCRIPTION OF UNDERTAKING IN RELATION TO BURIAL:

SPONSOR OF PROJECT:

DESCRIPTION OF BURIAL (i.e. markers, headstone, funerary items, single or multiple burials, flex positioning, orientation, other):

ENVIRONMENTAL SETTING:

APPROXIMATE DATE OF INTERMENT (AD/BC):

AGE AND SEX OF INDIVIDUAL(S):

Individual:	1	2	3	4	5	6	7	8
Age of individual:								
Sex of Individual:								
Skeleton: Complete (C) or Partial (P) [chose one]								

IF PARTIAL SKELETONS ARE ENCOUNTERED, DESCRIBE BELOW. INCLUDE IDENTIFYING NUMBER FOR SKELETONS DESCRIBED. Use supplementary sheets if necessary.

TYPE OF BURIAL (e.g. cist, crevice, midden):

Photographs of funerary items are permitted only in situations where there is a risk of ARPA violations. Photographs require prior permission from NNHPD. All sketches, photographs, negatives, and photo logs must be attached to this form.

WERE PHOTOGRAPHS TAKEN OF FUNERARY ITEMS?

<input type="checkbox"/>	NO
<input type="checkbox"/>	YES

NAME/TITLE OF INDIVIDUAL AT NNHPD WHO PROVIDED PERMISSION TO TAKE PHOTOGRAPHS:

FIELD METHODS:

DATE OF DISINTERMENT (if applicable):

DATE OF REINTERMENT (if applicable):

REINTERMENT LOCATION (if applicable):

Chapter:	UTM Zone:	N	E
Agency:	Land Status:		
County:	Township/Range:		
State:	USGS 7.5 Minute Map:		

NOTE: Reburial location must be mapped on a USGS 7.5-minute topographic map (attached).

NAME/ORGANIZATION/ADDRESS OF INDIVIDUAL(S) WHO CONDUCTED THE DISINTERMENT:

NAME/ORGANIZATION/ADDRESS OF INDIVIDUAL(S) WHO CONDUCTED THE REINTERMENT:

WITNESS(ES) TO REINTERMENT:

REASON FOR RELOCATION OF BURIAL:

Supplemental sheets may be added if necessary.