Use only for **human remains** and **associated funerary objects** in a holding or collection of a museum or Federal agency AFTER initiating and conducting consultation with lineal descendants, Indian Tribes, and Native Hawaiian organizations (see [43 CFR 10.10(b)](https://www.ecfr.gov/current/title-43/part-10/section-10.10#p-10.10(b)) *Step 2 – Initiate consultation* and [43 CFR 10.10(c)](https://www.ecfr.gov/current/title-43/part-10/section-10.10#p-10.10(c)) *Step 3 – Consult*).

By the appropriate deadline, use this template to complete an inventory of **human remains and associated funerary objects** (see [43 CFR 10.10(d)](https://www.ecfr.gov/current/title-43/part-10/section-10.10#p-10.10(d)) *Step 4 – Complete an inventory of human remains or associated funerary objects*). A museum or Federal agency must ensure its inventory is comprehensive and covers all human remains or associated funerary objects in its possession or control. Depending on the scope of the holding or collection, the museum or Federal agency may organize its inventory into sections based on geographical area, accession or catalog name or number, or other defining attributes. For deadlines to complete an inventory, see Table 1 to [43 CFR 10.10(d)(2)](https://www.ecfr.gov/current/title-43/part-10/section-10.10#p-10.10(d)(2)).

**Based on information available and the results of consultation,** i**nclude the following three pieces of information**. This is the MINIMUM information required; additional information may be included as necessary or preferred. The format is only a recommendation and not a requirement.

1. The names of all consulting parties and dates of consultation
2. Information, updated as appropriate, from the itemized list compiled in Step 1 (see [43 CFR 10.10(a)](https://www.ecfr.gov/current/title-43/part-10/section-10.10#p-10.10(a))), including:
   1. Number of individuals *identified in a reasonable manner*.
   2. Number of associated funerary objects and types of objects (counted separately or by lot)
   3. Geographical location (provenience) by county or state
   4. Acquisition history (provenance)
   5. Other information available, including age, culture, or cultural affiliation
   6. Presence of any potentially hazardous substances
3. For each entry in the itemized list, a determination identifying ONE of the following:
   1. A known lineal descendant (whose name may be withheld)
   2. The Indian Tribe or NHO with cultural affiliation that is CLEARLY identified
   3. The Indian Tribe or NHO with cultural affiliation that is REASONABLY identified
   4. No lineal descendant or any Indian Tribe or NHO with cultural affiliation can be clearly or reasonably identified. The inventory must briefly describe the information considered and the criteria identified for cultural affiliation to explain how the determination was made.

**VERIFY** all required information is included. The National NAGPRA Program does not review or validate the content of an inventory and is not responsible for the determinations or errors in the inventory. **REMOVE** these instructions, highlighting, italics, and {braces} before submission.

**Submit the inventory** to all consulting parties and to the Manager, National NAGPRA Program, (nagpra\_info@nps.gov).

**Inventory of Native American human remains and associated funerary objects in the possession or control of {MUSEUM/FEDERAL AGENCY}**

The purpose of this inventory is to provide determinations, following consultation, about the cultural affiliation of Native American human remains or associated funerary objects to lineal descendants, Indian Tribes, and Native Hawaiian organizations to facilitate repatriation.

Based on the results of consultation (section 1) and the information available (section 2), this inventory includes determinations of cultural affiliation for all human remains and associated funerary objects in the possession or control of {MUSEUM/FEDERAL AGENCY}. This inventory is organized based on {geographical area, accession or catalog name or number, or other defining attributes.}

**Section 1: Consulting parties and dates of consultation.**

See Record of Consultation for additional information, including concurrence, disagreement, or nonresponse of consulting parties during consultation.

List of parties invited to consult:

TRIBE A

TRIBE B

TRIBE C

TRIBE D (did not participate)

Consultations occurred on the following dates:

February x, 199x: TRIBE A, TRIBE B, and TRIBE C.

July x-xx, 199x: TRIBE A and TRIBE C.

October x, 199x: TRIBE A, TRIBE B, and TRIBE C.

**OR**

|  |  |
| --- | --- |
| Date | Consulting party |
| 2/x/199x | TRIBE A, TRIBE B, and TRIBE C |
| 7/x/199x | TRIBE A and TRIBE C |
| 10/x/199x | TRIBE A, TRIBE B, and TRIBE C |

**Section 2. Information from Itemized List, updated as appropriate, including cultural affiliation determinations**

Choose one of the following formats or a different format

*Itemized Record-Spreadsheet*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Record ID | State | County | Site Name | Collection ID | Acquisition history | # of individuals | # of associated funerary objects | Age/Culture | Additional info or hazardous substances | Cultural Affiliation Determination |
|  |  |  |  |  |  |  |  |  |  |  |

*Itemized Record-Table*

|  |  |
| --- | --- |
| State |  |
| County |  |
| Site Name |  |
| Collection ID |  |
| Acquisition history |  |
| # of individuals |  |
| # of associated funerary objects |  |
| Age/Culture |  |
| Additional info or hazardous substances |  |
| Comments |  |
| Cultural Affiliation Determination |  |

*Itemized Entry-Paragraph*

**Item:**

**Accession #:**

**Catalogue #:**

**Description:**

**Site Name:**

**Geographical Location**:

**Acquisition History**:

**Number of individuals:**

**Description**:

**Accession #**:

**Catalogue #**:

**Number of associated funerary objects:**

**Description**:

**Accession #:**

**Catalogue #:**

**Age/Culture:**

**Additional information or hazardous substances:**

**Comments:**

**Cultural Affiliation Determination:**