



REQUEST FOR REPATRIATION
STATE HISTORICAL SOCIETY OF NORTH DAKOTA
SFN 19464 (5-2024)

NATIVE AMERICAN GRAVES PROTECTION AND REPATRIATION ACT (P.L. 101-601)

Please print or type one object per request

APPLICANT

Name		Title		Tribe	
Address		City		State	Zip Code
Telephone Number	Email		Are you a direct lineal descendent of the original owner? <input type="checkbox"/> No <input type="checkbox"/> Yes - answer below in Statement of Proof section		

OBJECT

SHSND Object Number	Description (Attach additional sheets if necessary)
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CLASSIFICATION

Type <input type="checkbox"/> Sacred Object <input type="checkbox"/> Object of Cultural Patrimony <input type="checkbox"/> Unassociated Funerary Object <input type="checkbox"/> Human Remains <input type="checkbox"/> Associated Funerary Object
How does this object meet the criteria listed in Section 10.10(a)(1) and (b)(1) of 43 CFR 10? (This evidence may include any or all of the following types: geographical, kinship, biological, archaeological, anthropological, linguistic, folkloric, oral traditional, historical, or other relevant information or expert opinion) (Attach additional sheets if necessary)
Statement of Proof of Right of Possession (Attach documentation, if appropriate) as defined by 10.10(a)(2) of 43 CFR 10

COORDINATION Same as Applicant

Name of Person Designated to Take Possession		Title / Tribal Affiliation			
Address		City		State	Zip Code
Email				Telephone Number	

Signature of Applicant	Date
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SHSND USE ONLY

Date Received	Object Number
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STAFF REVIEW

Name/Title	Date	Recommendation	Initials
SHSND Representative			
Department Director			
Agency Director			

Statement of Proof of Society's Right of Possession (Gift Agreement / Bill of Sale)	
State Historical Board Action / Deaccession Approved	Date
Name of Person Who Notified Applicant	Date

IF REPATRIATION IS APPROVED, COMPLETE THIS SECTION

Date Notification of Intent to Repatriate Sent	Initial	Date Notification of Intent to Repatriate Published
Were competing claims received? <input type="checkbox"/> No <input type="checkbox"/> Yes - From Whom?		Date
Date Deaccession Documentation Completed	Initial	Deaccession Action Number
Date of Repatriation		
Object Released To		
Databases Updated		

Tribes Contacted
