

ARIZONA STATE MUSEUM
HUMAN REMAINS DOCUMENTATION PACKET

PROVENIENCE

Site Name: _____ Site No.: _____

Designation/ID: _____

Observer(s): _____ Date: _____

BIOLOGICAL PROFILE

MNI: _____

Age: _____

Sex: _____

Ancestry: _____

FORM LIST (indicate forms used)

- ☐ 1 Skeletal Inventory
- ☐ 2a Age and Sex Assessment - Adult
- ☐ 2b Age Assessment - Juvenile
- ☐ 3a Permanent Dental Inventory/Pathology
- ☐ 3b Deciduous Dental Inventory/Pathology
- ☐ 4a Dental Morphology - Permanent
- ☐ 4b Dental Morphology - Deciduous
- ☐ 5a Measurements - Adult
- ☐ 5b Measurements - Juvenile
- ☐ 6 Non-Metric Traits
- ☐ 7 Pathology Checklist
- ☐ 8 Degenerative Joint Disease
- ☐ 9 Spinal Osteophytosis
- ☐ 10 Artificial Cranial Modification
- ☐ 11 Cremated Remains
- ☐ 12 Isolated Remains
- ☐ Skeletal Visual Recording Forms
- ☐ Additional Forms, Notes, Sketches, Photo Log, etc.

PRESERVATION

- ☐ Complete skeleton (>75%)
- ☐ Partial skeleton (25-75% present)
- ☐ Fragmentary skeleton (<25% present, includes at least one complete element)
- ☐ Fragments of bone (small amount of fragmented bone; <<25% is present)
- ☐ Skull (only cranial remains present and partially preserved)
- ☐ Teeth (only loose teeth are present)
- ☐ Cremated bone (burned remains of any quantity; excludes cases of incidental charring of otherwise unburned skeleton)
- ☐ Soft tissues present

Describe: _____

CONDITION

Yes	No	Unobservable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breaks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brittle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exfoliation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warping
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cut marks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gnaw marks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Root or insect damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staining
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil adhering

Describe (include severity & elements affected):



Codes:
f = 1-25% present
p = 25-75% present
c = 75-100% present

Provenience: _____

Designation/ID: _____

CRANIAL	left	right
Frontal	<input type="checkbox"/>	<input type="checkbox"/>
Parietal	<input type="checkbox"/>	<input type="checkbox"/>
Occipital	<input type="checkbox"/>	<input type="checkbox"/>
Temporal	<input type="checkbox"/>	<input type="checkbox"/>
TMJ	<input type="checkbox"/>	<input type="checkbox"/>
Mandible	<input type="checkbox"/>	<input type="checkbox"/>
Zygomatic	<input type="checkbox"/>	<input type="checkbox"/>
Maxilla	<input type="checkbox"/>	<input type="checkbox"/>
Nasal	<input type="checkbox"/>	<input type="checkbox"/>
Lacrimal	<input type="checkbox"/>	<input type="checkbox"/>
I. N. C.	<input type="checkbox"/>	<input type="checkbox"/>
Palatine	<input type="checkbox"/>	<input type="checkbox"/>
Sphenoid	<input type="checkbox"/>	<input type="checkbox"/>
Ethmoid	<input type="checkbox"/>	<input type="checkbox"/>
Vomer	<input type="checkbox"/>	<input type="checkbox"/>
Hyoid	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid/Crycoid	<input type="checkbox"/>	<input type="checkbox"/>
Ossicles	<input type="checkbox"/>	<input type="checkbox"/>
Unident. Cranial (#):	<input type="checkbox"/>	<input type="checkbox"/>

teeth	#	cond
Incisors	<input type="checkbox"/>	<input type="checkbox"/>
Canines	<input type="checkbox"/>	<input type="checkbox"/>
Premolars	<input type="checkbox"/>	<input type="checkbox"/>
Molars	<input type="checkbox"/>	<input type="checkbox"/>
Unidentified Teeth (#):	<input type="checkbox"/>	<input type="checkbox"/>

Manubrium	<input type="checkbox"/>
Sternal Body	<input type="checkbox"/>
xiphoid	<input type="checkbox"/>
Left Ribs	<input type="checkbox"/>
Right Ribs	<input type="checkbox"/>
Unidentified Axial (#):	<input type="checkbox"/>

AXIAL	#	cond
1 st Cervical	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Cervical	<input type="checkbox"/>	<input type="checkbox"/>
3-6 Cervical	<input type="checkbox"/>	<input type="checkbox"/>
7 th Cervical	<input type="checkbox"/>	<input type="checkbox"/>
1-9 Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
10 th Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
11 th Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
12 th Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
1-4 Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
5 th Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
Sacrum	<input type="checkbox"/>	<input type="checkbox"/>
Coccyx	<input type="checkbox"/>	<input type="checkbox"/>

APPEND.	left	right
Scapula	<input type="checkbox"/>	<input type="checkbox"/>
glenoid	<input type="checkbox"/>	<input type="checkbox"/>
Clavicle	<input type="checkbox"/>	<input type="checkbox"/>
med. epi.	<input type="checkbox"/>	<input type="checkbox"/>
Ilium	<input type="checkbox"/>	<input type="checkbox"/>
auricular	<input type="checkbox"/>	<input type="checkbox"/>
Pubis	<input type="checkbox"/>	<input type="checkbox"/>
symphysis	<input type="checkbox"/>	<input type="checkbox"/>
Ischium	<input type="checkbox"/>	<input type="checkbox"/>
acetabulum	<input type="checkbox"/>	<input type="checkbox"/>
Patella	<input type="checkbox"/>	<input type="checkbox"/>
Unidentified Append. (#):	<input type="checkbox"/>	<input type="checkbox"/>

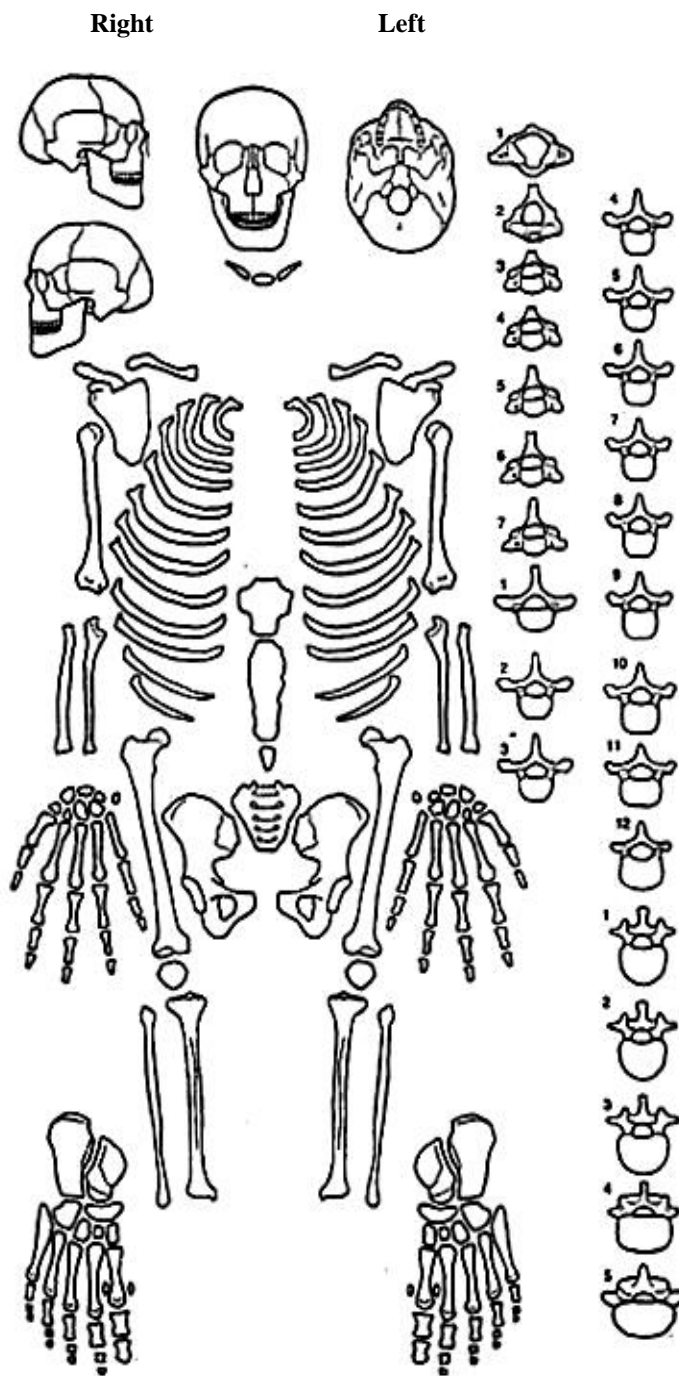
APPENDICULAR	left					right				
	epi-p	/prox	/mid	/dist	/epi-d	epi-p	/prox	/mid	/dist	/epi-d
Humerus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radius	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Femur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tibia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fibula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unidentified Long Bones (#):	<input type="checkbox"/>					<input type="checkbox"/>				

EXTREMITIES	#	cond	#	cond
Scaphoid	<input type="checkbox"/>	<input type="checkbox"/>	Calcaneus	<input type="checkbox"/>
Lunate	<input type="checkbox"/>	<input type="checkbox"/>	Talus	<input type="checkbox"/>
Trapezium	<input type="checkbox"/>	<input type="checkbox"/>	Cuboid	<input type="checkbox"/>
Trapezoid	<input type="checkbox"/>	<input type="checkbox"/>	Navicular	<input type="checkbox"/>
Capitate	<input type="checkbox"/>	<input type="checkbox"/>	Med. Cuneiform	<input type="checkbox"/>
Hamate	<input type="checkbox"/>	<input type="checkbox"/>	Inter. Cuneiform	<input type="checkbox"/>
Triquetral	<input type="checkbox"/>	<input type="checkbox"/>	Lat. Cuneiform	<input type="checkbox"/>
Pisiform	<input type="checkbox"/>	<input type="checkbox"/>	Metatarsals	<input type="checkbox"/>
Metacarpals	<input type="checkbox"/>	<input type="checkbox"/>	Prox. Phalanges	<input type="checkbox"/>
Prox. Phalanges	<input type="checkbox"/>	<input type="checkbox"/>	Mid. Phalanges	<input type="checkbox"/>
Mid. Phalanges	<input type="checkbox"/>	<input type="checkbox"/>	Dist. Phalanges	<input type="checkbox"/>
Dist. Phalanges	<input type="checkbox"/>	<input type="checkbox"/>	Sesamoids	<input type="checkbox"/>
Sesamoids	<input type="checkbox"/>	<input type="checkbox"/>	Unident. Extremities (#):	<input type="checkbox"/>

Notes:



Fill in skeletal
elements present and
record notes along
side.
Label "U" if unsided,
and "A" to denote
approximated
location.



Additional observations:

Age: _____	Provenience: _____
Sex: _____	Designation/ID: _____

AGE

PELVIC:			CRANIAL:			Suture Closure*		
Pubic Symphysis			External			1. Midlambdoid		
Todd (1-10)			Cranial			2. Lambda		
Suchey-Brooks (1-6)			Vault			3. Obelion		
Auricular Surface						4. Anterior Sagittal		
Lovejoy et al. (1-8)						5. Bregma		
						6. Midcoronal		
						7. Pterion		
POSTCRANIAL: Epiphyseal Union*						8. Sphenofrontal		
Clavicle	Sternal epiphysis					9. Inf. Sphenotemporal		
						10. Sup. Sphenotemporal		
Vertebral	Cervical	superior				11. Incisive Suture		
Annular		inferior			Palatine	12. Anterior Median		
Epiphyses	Thoracic	superior				13. Posterior Median		
		inferior				14. Transverse Palatine		
	Lumbar	superior			Internal	15. Sagittal		
		inferior			Cranial	16. Left Lambdoid		
Sacrum	S1/S2 fusion				Vault	17. Left Coronal		
Innominate	Iliac crest							
Estimated Age:	Subadult (12-20 years)							
	Young Adult (20-35 years)							
	Middle Adult (35-50 years)							
	Old Adult (50+ years)							

*** Suture and Epiphysis Codes:**

0 = open

1 = minimal

2 = significant

3 = complete

Observations:	
----------------------	--

SEX

PELVIC:	left	right	CRANIAL:	
Ventral Arc (1-3)	_____	_____	Nuchal Crest (1-5)	_____
Subpubic Concavity (1-3)	_____	_____	Mastoid Process (1-5)	_____
Ischiopubic Ramus Ridge (1-3)	_____	_____	Supraorbital Margin (1-5)	_____
Greater Sciatic Notch (1-5)	_____	_____	Glabella (1-5)	_____
Preauricular Sulcus (0-4)	_____	_____	Mental Eminence (1-5)	_____
Estimated Sex, Pelvis (1-5):	=		Estimated Sex, Skull (1-5):	=

Observations:	
---------------	--



Stage of Union:

0 = open
1 = minimal
2 = complete

Provenience: _____

Designation/ID: _____

Epiphyseal Union				Primary Ossification Centers		
Element	epiphysis	stage of union		Element	area of union	stage of union
		left	right			
Scapula	coracoid	_____	_____	Innominate	ilium-pubis	_____
	acromium	_____	_____		ischium-pubis	_____
Clavicle	sternal	_____	_____		ischium-ilium	_____
Humerus	head	_____	_____	Sacrum	1-2	_____
	distal	_____	_____		2-3	_____
Radius	med. epicondyle	_____	_____		3-4	_____
	proximal	_____	_____		4-5	_____
	distal	_____	_____	Cervical vertebrae		
Ulna	proximal	_____	_____		neural arches to each other	_____
	distal	_____	_____	Thoracic vertebrae	neural arches to centrum	_____
Os Coxa	iliac crest	_____	_____		neural arches to each other	_____
	ischial tuberosity	_____	_____	Lumbar vertebrae	neural arches to centrum	_____
Femur	head	_____	_____		neural arches to each other	_____
	greater trochanter	_____	_____		neural arches to centrum	_____
	lesser trochanter	_____	_____	Cranium		
	distal	_____	_____		basilar suture	_____
Tibia	proximal	_____	_____	Occipital		
	distal	_____	_____		lateral – squama	_____
Fibula	proximal	_____	_____		basilar – lateral	_____
	distal	_____	_____	Mandibular Symphysis		
Metacarpals	proximal (1st)	_____	_____			
	distal (2-5)	_____	_____	Metopic Suture		
Metatarsals	proximal (1st)	_____	_____			
	distal (2-5)	_____	_____			
C. Phalanges	proximal	_____	_____			
T. Phalanges	proximal	_____	_____			

Age Assessment

	Age class	Age range in months or years
Fetus	_____	lunar months _____
Infant (birth – 2 yr)	_____	months/years _____
Child (2 – 12 yr)	_____	years _____
Subadult (12-20yr)	_____	years _____

Comments (criteria used for age assessment):



Mark a dash if not
observable

Provenience: _____

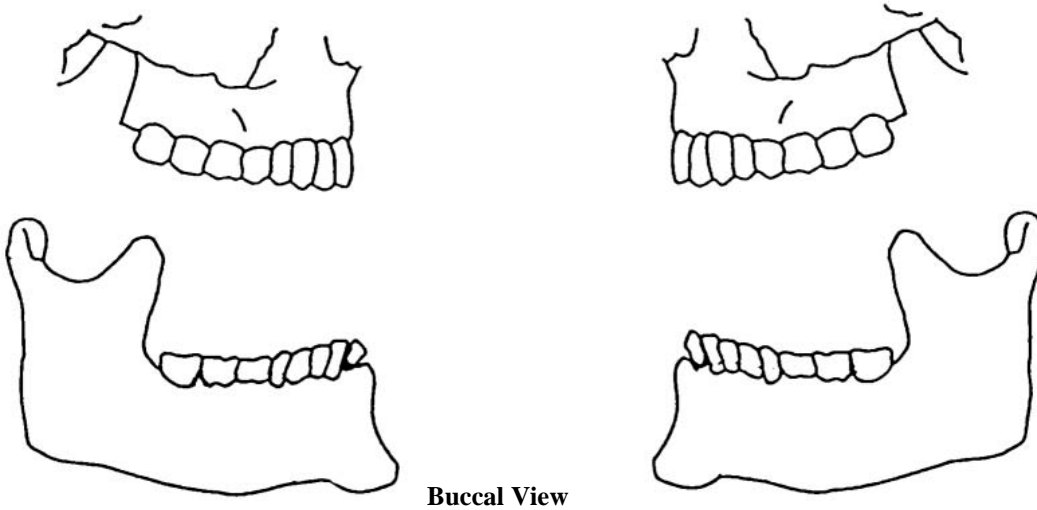
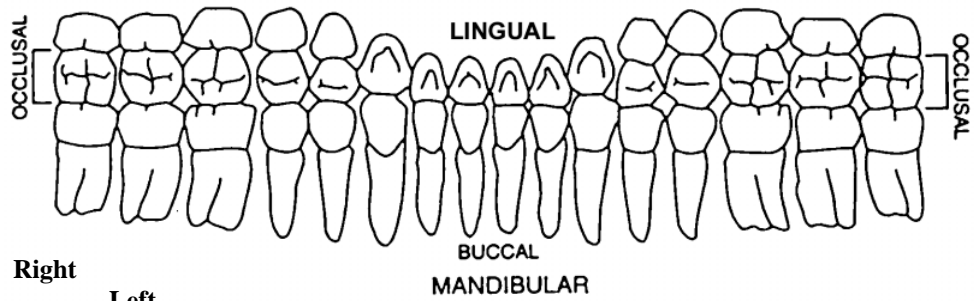
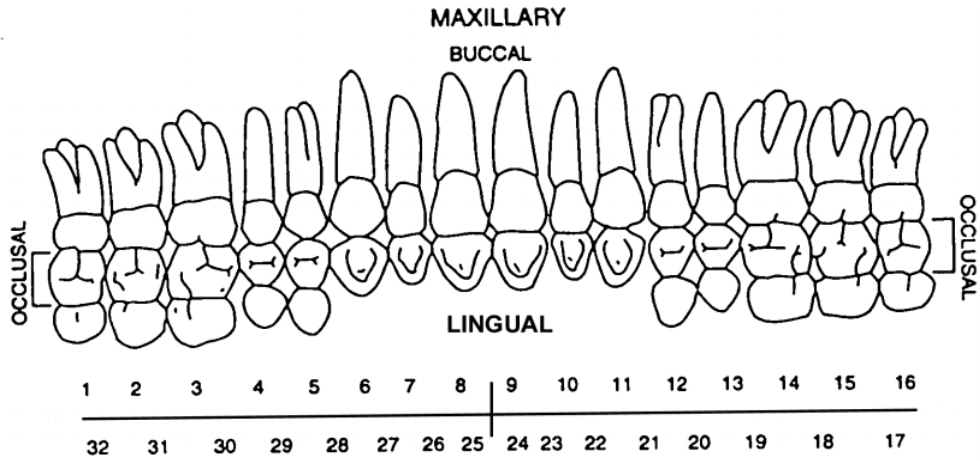
Designation/ID: _____

	Right								Left							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Maxilla	M ³	M ²	M ¹	PM ²	PM ¹	C	I ²	I ¹	I ¹	I ²	C	PM ¹	PM ²	M ¹	M ²	M ³
Inventory (1-9)																
Development (1-14)																
Caries (1-7)																
Abcesses (1-2)																
Calculus (1-3)																
Chipping (#)																
Periodontitis (1-2)																
Attrition Score*																
Mesio-Buccal (1-10)				*[Attrition scores: I, C, PM (1-8); M (1-10)]												
Mesio-Lingual (1-10)																
Disto-Lingual (1-10)																
Disto-Buccal (1-10)																
M-D diameter (mm)																
B-L diameter (mm)																
Crown height (mm)																
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Mandible	M ³	M ²	M ¹	PM ²	PM ¹	C	I ²	I ¹	I ¹	I ²	C	PM ¹	PM ²	M ¹	M ²	M ³
Inventory (1-9)																
Development (1-14)																
Caries (1-7)																
Abcesses (1-2)																
Calculus (1-3)																
Chipping (#)																
Periodontitis (1-2)																
Attrition Score*																
Mesio-Buccal (1-10)				*[Attrition scores: I, C, PM (1-8); M (1-10)]												
Mesio-Lingual (1-10)																
Disto-Lingual (1-10)																
Disto-Buccal (1-10)																
M-D diameter (mm)																
B-L diameter (mm)																
Crown height (mm)																

Enamel Defects																
Tooth																
Defect No. on Tooth																
Defect Type (1-7)																
Distance from CEJ (mm)																
Color (1-4)																



Note pathology locations and severity, wear, and any additional observations.



Additional observations:



Mark a dash for not
observable

Provenience: _____

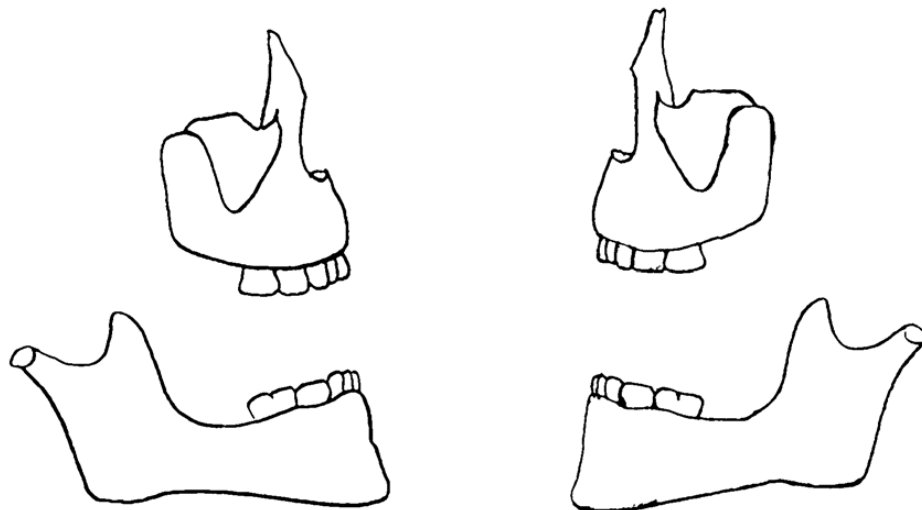
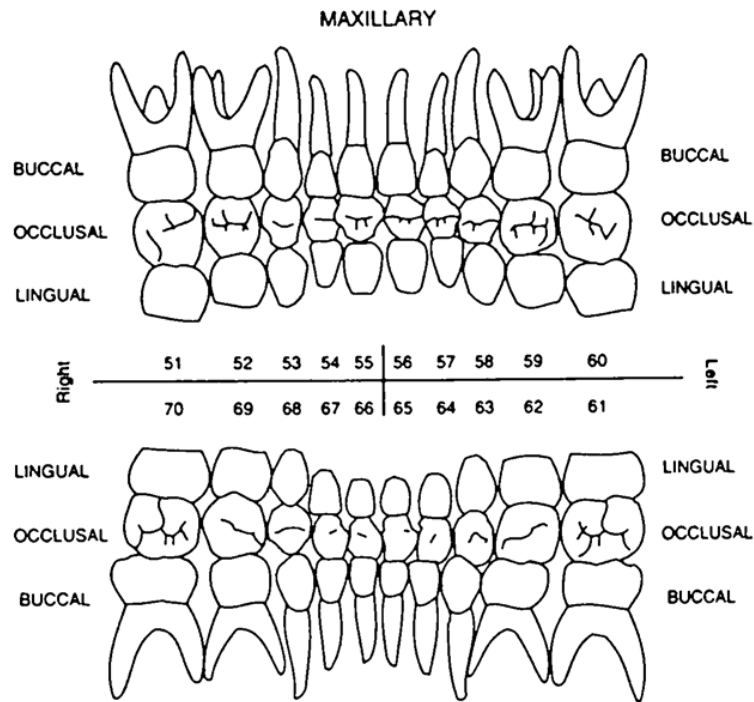
Designation/ID: _____

	Right					Left				
	51	52	53	54	55	56	57	58	59	60
Maxilla	M ²	M ¹	C	I ²	I ¹	I ¹	I ²	C	M ¹	M ²
Inventory (1-9)										
Development (1-14)										
Caries (1-7)										
Abcesses (1-2)										
Calculus (1-3)										
Chipping (#)										
Attrition Score*										
Mesio-Buccal (1-10)										
Mesio-Lingual (1-10)										
Disto-Lingual (1-10)										
Disto-Buccal (1-10)										
M-D diameter (mm)										
B-L diameter (mm)										
Crown height (mm)										
	70	69	68	67	66	65	64	63	62	61
Mandible	M ²	M ¹	C	I ²	I ¹	I ¹	I ²	C	M ¹	M ²
Inventory (1-9)										
Development (1-14)										
Caries (1-7)										
Abcesses (1-2)										
Calculus (1-3)										
Chipping (#)										
Attrition Score										
Mesio-Buccal (1-10)										
Mesio-Lingual (1-10)										
Disto-Lingual (1-10)										
Disto-Buccal (1-10)										
M-D diameter (mm)										
B-L diameter (mm)										
Crown height (mm)										

Enamel Defects														
Tooth														
Defect No. on Tooth														
Defect Type (1-7)														
Distance from CEJ (mm)														
Color (1-4)														



Note pathology locations and severity, wear, and any additional observations.



Buccal View

Additional observations:

Mark with a dash if not
recordable or unobservable

Provenience: _____

Designation/ID: _____

	Right								Left							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Maxilla	M ³	M ²	M ¹	PM ²	PM ¹	C	I ²	I ¹	I ¹	I ²	C	PM ¹	PM ²	M ¹	M ²	M ³
Winging																
Labial curve																
Shovel																
Double shovel																
Interrupt groove																
Tuberculum dentale				Uto-Aztec PM:									:Uto-Aztec PM			
Access. cusps																
Access. ridges																
Tricusped PM's																
Odontome																
Metacone																
Hypocone																
Cusp 5																
Carabelli																
C2 parastyle																
Enamel ext.																
Root number																
Radical number																
Peg/reduced																
Cong absence																
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Mandible	M ³	M ²	M ¹	PM ²	PM ¹	C	I ²	I ¹	I ¹	I ²	C	PM ¹	PM ²	M ¹	M ²	M ³
Shovel																
Double shovel																
Distal access. ridge																
Lingual cusps																
Odontome																
Ant. fovea																
Groove pattern																
Cusp number																
Deflecting wrinkle																
Mes. trigonid crest																
Distal trigonid crest																
Protstylid																
Cusp 5																
Cusp 6																
Cusp 7																
Enamel ext.																
Root number																
Radical number																
Cong absence																



Mark with a dash if not
recordable or
unobservable

Provenience: _____

Designation/ID: _____

	Right					Left				
	51	52	53	54	55	56	57	58	59	60
Maxilla	M ²	M ¹	C	I ²	I ¹	I ¹	I ²	C	M ¹	M ²
Winging										
Shovel										
Double shovel										
Double teeth										
Labial defect										
Canine form										
DAR										
Metacone										
Hypocone										
Cusp 5										
Carabelli										
C2 parastyle										
Root number										
Root sheath/groove										

	70	69	68	67	66	65	64	63	62	61
Mandible	M ²	M ¹	C	I ²	I ¹	I ¹	I ²	C	M ¹	M ²
Shovel										
Labial defect										
Double teeth										
DAR										
Delta										
Groove pattern										
Cusp number										
Deflecting wrinkle										
Distal trigon crest										
Protostylid										
Cusp 5										
Root number										
Root groove										

*Record all measurements
millimeters.*

Provenience: _____

Designation/ID: _____

CRANIAL

- | | | | |
|--|-------|--|-------|
| 1. GOL Maximum Cranial Length | _____ | 18. DKB Interorbital Breadth | _____ |
| 2. XCB Maximum Cranial Breadth | _____ | 19. FRC Frontal Chord | _____ |
| 3. ZYB Bizygomatic Breadth | _____ | 20. PAC Parietal Chord | _____ |
| 4. BBH Basion-Bregma Height | _____ | 21. OCC Occipital Chord | _____ |
| 5. BNL Basion-Nasion Length | _____ | 22. FOL Foramen Magnum Length | _____ |
| 6. BPL Basion-Prosthion Length | _____ | 23. FOB Foramen Magnum Breadth | _____ |
| 7. MAB Maxillo-Alveolar Breadth | _____ | 24. MDH Mastoid Length | _____ |
| 8. MAL Maxillo-Alveolar Length | _____ | 25. GNI Chin height | _____ |
| 9. AUB Biauricular Breadth | _____ | 26. HML Mandibular Body Height | _____ |
| 10. NPH Upper Facial Height | _____ | 27. TML Mandibular Body Breadth | _____ |
| 11. WFB Minimum Frontal Breadth | _____ | 28. GOG Bigonial Width | _____ |
| 12. FMB Upper Facial Breadth | _____ | 29. CDL Bicondylar Breadth | _____ |
| 13. NLH Nasal height | _____ | 30. WRL Minimum Ramus Breadth | _____ |
| 14. NLB Nasal Breadth | _____ | 31. MRL Maximum Ramus Breadth | _____ |
| 15. OBB Orbital Breadth | _____ | 32. XRL Maximum Ramus Height | _____ |
| 16. OBH Orbital Height | _____ | 33. MLT Mandibular Length | _____ |
| 17. EKB Biorbital Breadth | _____ | 34. MLX Mandibular Angle | _____ |

POSTCRANIAL

- | | left | right | | left | right |
|------------------------------------|-------------|--------------|---------------------------------------|-------------|--------------|
| 35. Clavicle: Max. Length | _____ | _____ | 60. Femur: Max. Length | _____ | _____ |
| 36. A-P Diam. Midshaft | _____ | _____ | 61. Bicondylar Length | _____ | _____ |
| 37. Sup.-Inf. Diam. Midshaft | _____ | _____ | 62. Epicondylar Breadth | _____ | _____ |
| 38. Scapula: Height | _____ | _____ | 63. Max. Diam. Head | _____ | _____ |
| 39. Breadth | _____ | _____ | 64. A-P Subtroch. Diam. | _____ | _____ |
| 40. Humerus: Max. Length | _____ | _____ | 65. M-L Subtroch. Diam. | _____ | _____ |
| 41. Epicondylar Breadth | _____ | _____ | 66. A-P Midshaft Diam. | _____ | _____ |
| 42. Vertical Diam. Head | _____ | _____ | 67. M-L Midshaft Diam. | _____ | _____ |
| 43. Max. Diam. Midshaft | _____ | _____ | 68. Midshaft Circumference | _____ | _____ |
| 44. Min. Diam. Midshaft | _____ | _____ | 69. Tibia: Max. Length | _____ | _____ |
| 45. Radius: Max. Length | _____ | _____ | 70. Max. Prox. Epiph. Breadth | _____ | _____ |
| 46. Ant.-Post. Diam. Midshaft | _____ | _____ | 71. Max. Distal Epiph. Breadth | _____ | _____ |
| 47. Med.-Lat. Diam. Midshaft | _____ | _____ | 72. Max. Diam. Nutrient For. | _____ | _____ |
| 48. Ulna: Max. Length | _____ | _____ | 73. M-L Diam. Nutrient For. | _____ | _____ |
| 49. A-P Diameter | _____ | _____ | 74. Circ. Nutrient Foramen | _____ | _____ |
| 50. M-L Diameter | _____ | _____ | 75. Fibula: Max. Length | _____ | _____ |
| 51. Physiological Length | _____ | _____ | 76. Max. Diameter Midshaft | _____ | _____ |
| 52. Min. Circumference | _____ | _____ | 77. Calcaneus: Max. Length | _____ | _____ |
| 53. Sacrum: Anterior Length | _____ | _____ | 78. Middle Breadth | _____ | _____ |
| 54. Anterior Superior Breadth | _____ | _____ | | | |
| 55. Max. Trans. Diam. Base | _____ | _____ | 79. Sternum: Length Mesostern. | _____ | _____ |
| 56. Pelvis: Height | _____ | _____ | 80. Max. Breadth 1 st | _____ | _____ |
| 57. Iliac Breadth | _____ | _____ | | | |
| 58. Pubis Length | _____ | _____ | | | |
| 59. Ischium Length | _____ | _____ | | | |



Provenience: _____

Designation/ID: _____

CRANIAL

	left	mid	right		left	right
1. Lesser wing sphenoid: length	_____		_____	6. Zygomatic: length	_____	_____
width	_____		_____	width	_____	_____
2. Gr. wing sphenoid: length	_____		_____	7. Maxilla: length	_____	_____
width	_____		_____	height	_____	_____
3. Body sphenoid: length		_____		width	_____	_____
width		_____		8. Mandible: body length	_____	_____
4. Petrous portion: length	_____		_____	width of arc	_____	_____
width	_____		_____	(½ mandible) full length	_____	_____
5. Basilar part occipital: length	_____					
width		_____				

POSTCRANIAL

	left	right		left	right
9. Clavicle: length	_____	_____	15. Ulna: length	_____	_____
diameter	_____	_____	diameter	_____	_____
10. Scapula: length (ht)	_____	_____	16. Radius: length	_____	_____
width	_____	_____	diameter	_____	_____
spine length	_____	_____	17. Femur: length	_____	_____
11. Ilium: length	_____	_____	width	_____	_____
width	_____	_____	diameter	_____	_____
12. Ischium: length	_____	_____	18. Tibia: length	_____	_____
width	_____	_____	diameter	_____	_____
13. Pubis: length	_____	_____	19. Fibula: length	_____	_____
14. Humerus: length	_____	_____	diameter	_____	_____
width	_____	_____			
diameter	_____	_____			

Additional observations:

Codes:

0 = absent
1 = present/partial
2 = complete/multiple
9 = unobservable

Provenience: _____

Designation/ID: _____

	L	M	R		L	M	R
1. Metopic suture:		_____		8. Inca bone:		_____	
				0 = absent			
2. Supraorbital structures:				1 = complete, single bone			
a. Supraorbital notch: _____			_____	2 = bipartite			
0 = absent				3 = tripartite			
1 = present, < 1/2 occluded by spicules				4 = partial			
2 = present, > 1/2 occluded by spicules				9. Condylar canal _____			_____
3 = present, degree of occlusion unknown				0 = not patent			
4 = multiple notches				1 = patent			
b. Supraorbital foramen: _____			_____	10. Divided hypoglossal canal: _____			_____
0 = absent				0 = absent			
1 = present				1 = partial, internal surface			
2 = multiple foramina				2 = partial, within canal			
3. Infraorbital suture: _____			_____	3 = complete, internal surface			
4. Multiple infraorbital foramina: _____			_____	4 = complete, within canal			
0 = absent				11. Flexure of superior sagittal sulcus _____			
1 = internal division only				1 = right			
2 = two distinct foramina				2 = left			
3 = more than two distinct foramina				3 = bifurcate			
5. Zygomatico-facial foramina: _____			_____	12. Foramen ovale incomplete _____			_____
0 = absent				0 = absent			
1 = 1 large				1 = partial formation			
2 = 1 large plus smaller f.				2 = no definition of foramen			
3 = 2 large				13. Foramen spinosum incomplete _____			_____
4 = 2 large plus smaller f.				0 = absent			
5 = 1 small				1 = partial formation			
6 = multiple small				2 = no definition of foramen			
6. Parietal foramen: _____			_____	14. Pterygo-spinous bridge _____			_____
0 = absent				0 = absent			
1 = present, on parietal				1 = trace (spicule only)			
2 = present, sutural				2 = partial bridge			
7. Sutural bones:				3 = complete bridge			
a. epiteric bone _____			_____	15. Pterygo-alar bridge _____			_____
b. coronal ossicle _____			_____	0 = absent			
c. bregmatic bone _____		_____		1 = trace (spicule only)			
d. sagittal ossicle _____		_____		2 = partial bridge			
e. apical bone _____		_____		3 = complete bridge			
f. lambdoid ossicle _____			_____	16. tympanic dehiscence: _____			_____
g. asterionic bone _____			_____	0 = absent			
h. ossicle in occipito-mastoid suture _____			_____	1 = foramen only			
i. parietal notch bone _____			_____	2 = full defect present			

	L	M	R		L	M	R
17. Auditory exostosis:	_____		_____	27. inion hook:			_____
0 = absent				30. venous markings (frontal)			_____
1 = < 1/3 canal occluded				31. sutures:			_____
2 = 1/3-2/3 canal occluded				1 = simple			
3 = > 2/3 canal occluded				2 = medium			
18. Mastoid foramen:	_____		_____	3 = complex			
a. Location				33. <i>OsJaponicum</i>:			_____
0 = absent				36. zygomatic projection			_____
1 = temporal				(at nasal aperture):			
2 = sutural				1 = projecting			
3 = occipital				2 = intermediate			
4 = both sutural and temporal				3 = retreating			
5 = both occipital and temporal				37. inferior projection of			_____
b. Number:	_____		_____	zygomatic/maxilla:			
0 = absent				38. zygomatic posterior tubercle:			_____
1 = 1				41. nasal aperture:			_____
2 = 2				1 = narrow			
3 = more than 2				2 = medium			
19. Mental foramen:	_____		_____	3 = wide			
0 = absent				42. nasal depression:			_____
1 = 1				1 = straight			
2 = 2				2 = depressed			
3 = more than 2				3 = deeply depressed			
20. Mandibular torus:	_____		_____	45. nasal spine:			_____
0 = absent				0 = absent			
1 = trace (can palpate but not see)				1 = small			
2 = moderate: elevation between 2-5 mm.				2 = large			
3 = marked: elevation greater than 5 mm.				47. palatine torus:			_____
21. Mylohyoid bridge:				0 = absent			
a. Location	_____		_____	1 = slight			
0 = absent				2 = marked			
1 = near mandibular foramen				48. palatine suture:			_____
2 = center of groove				1 = straight			
3 = both bridges described in 1) and 2) w/hiatus				2 = anterior convexity			
4 = both bridges described in 1) and 2) no hiatus				3 = posterior convexity			
b. Degree	_____		_____	49. dental arcade:			_____
22. Atlas Bridging:				1 = parabolic			
a. Lateral bridging	_____		_____	2 = elliptic			
b. Posterior bridging	_____		_____	3 = hyperbolic			
23. Accessory Transverse Foramina				50. chin shape:			_____
-- in 7th cervical vertebra	_____		_____	1 = pointed			
24. Septal aperture:	_____		_____	2 = blunt			
0 = absent				3 = bilobate			
1 = small foramen (pinhole) only				51. mandible lower border:			_____
2 = true perforation				1 = straight			
25. keeling:	_____		_____	2 = rocker			
26. post bregmatic depression:	_____		_____	3 = undulating			

Additional observations:



Provenience: _____

Designation/ID: _____

CRANIAL	present	absent	unobs.
Porotic hyperostosis	_____	_____	_____
Cribræ orbitalia	_____	_____	_____
Premature synostosis	_____	_____	_____
Osteomas	_____	_____	_____
Periosteal reactions	_____	_____	_____
Lytic reactions	_____	_____	_____
Proliferative reactions	_____	_____	_____
Trauma	_____	_____	_____
Cultural modifications	_____	_____	_____

AXIAL	present	absent	unobs.
Ankylosis	_____	_____	_____
Arch defects	_____	_____	_____
Compression fractures	_____	_____	_____
Schmorl's nodes	_____	_____	_____
Periosteal reactions	_____	_____	_____
Lytic reactions	_____	_____	_____
Osteoporosis	_____	_____	_____
Trauma	_____	_____	_____
Reaction on pleural aspect of ribs	_____	_____	_____
Accessory facets	_____	_____	_____

APPENDICULAR	present	absent	unobs.
Periosteal reaction	_____	_____	_____
Lytic reactions	_____	_____	_____
Proliferative reactions	_____	_____	_____
Osteoporosis	_____	_____	_____
Trauma	_____	_____	_____
Cultural modifications	_____	_____	_____
Osteomyelitis	_____	_____	_____
Exostoses	_____	_____	_____
Accessory facets	_____	_____	_____

EXTREMITIES	present	absent	unobs.
Lytic reactions	_____	_____	_____
Proliferative reactions	_____	_____	_____
Periosteal reactions	_____	_____	_____
Trauma	_____	_____	_____
Exostoses	_____	_____	_____
Accessory facets	_____	_____	_____

Observations (describe pathology in detail and use individual element visual recording forms to illustrate morphology and extent):



Provenience: _____

Designation/ID: _____

Stages of DJD from Ubelaker (1999): a = normal articular surface; b= appearance of small deposits of bone on articular margins; c= small pits; d= polishing/eburnation; e= other (describe below)

CRANIUM left right

TMJ _____ _____
Mand. condyles _____ _____
Occip. Condyles _____ _____

SHOULDER left right

Scapula
 glenoid _____ _____
 acromium _____ _____
Clavicle
 medial _____ _____
 lateral _____ _____
Prox. Humerus _____ _____

HIP left right

Acetabulum _____ _____
Femoral head _____ _____
Greater troch. _____ _____
Lesser troch. _____ _____

KNEES left right

Dist. Femur _____ _____
Prox. Tibia _____ _____
Prox. Fibula _____ _____
Patella _____ _____

ELBOW left right

Dist. Humerus _____ _____
Prox. Radius _____ _____
Prox. Ulna _____ _____

WRIST left right

Dist. Radius _____ _____
Dist. Ulna _____ _____
Carpals _____ _____
Metacarpals _____ _____

DIGITS prox. distal

C. proximal _____ _____
C. middle _____ _____
C. distal _____ _____
T. proximal _____ _____
T. middle _____ _____
T. distal _____ _____

ANKLES left right

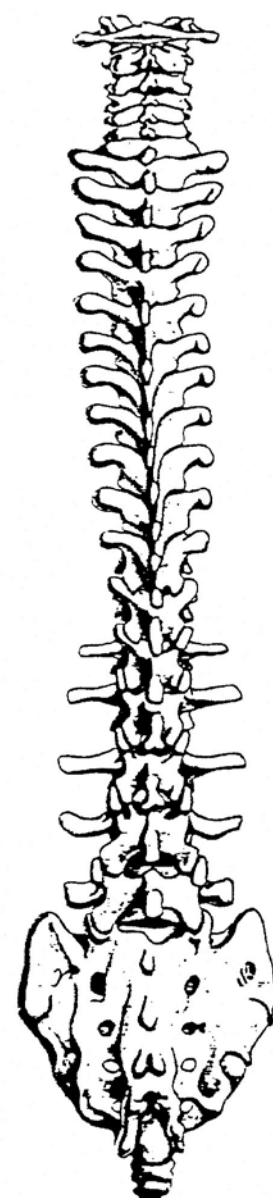
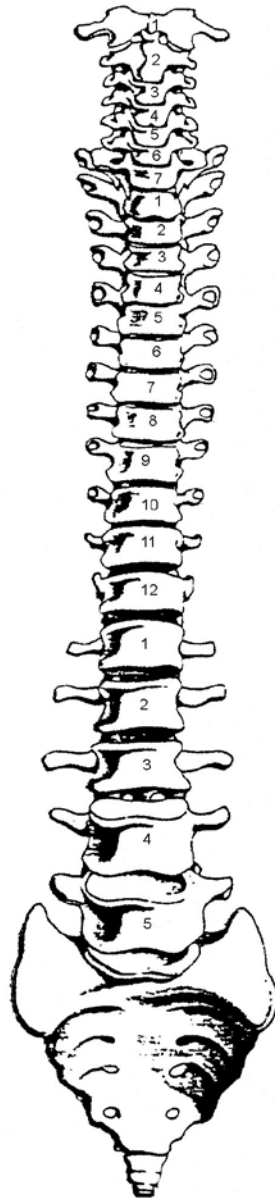
Dist. Tibia _____ _____
Dist. Fibula _____ _____
Calcaneus _____ _____
Other tarsals _____ _____
Metatarsals _____ _____

Observations:



Provenience: _____

Designation/ID: _____



OSTEOPHYTOSIS: stages 0-4 (Ubelaker 1999)

DJD - stages a-d (Ubelaker 1999)

Surface	Superior	Inferior	Superior:	Left	Right	Inferior: Left	Right
Cervical	_____	_____	Cervical	_____	_____	_____	_____
Thoracic	_____	_____	Thoracic	_____	_____	_____	_____
Lumbar	_____	_____	Lumbar	_____	_____	_____	_____
Sacral	_____	_____	Sacral	_____	_____	_____	_____



Provenience: _____

Designation/ID: _____

ARTIFICIAL CRANIAL MODIFICATION: _____

1. Tabular
2. Circumferential
3. Other (describe)

Description:

ANTERIOR ASPECT

Cranial deformation present: _____
 1. Yes
 2. No

Pad location: _____
 1. High, near coronal suture
 2. Low, near or below frontal boss

Symmetrical reshaping? _____
 1. Yes
 2. No, right side more deformed
 3. No, left side more deformed

Bregmatic elevation? _____
 1. Yes
 2. No

Pad impressions: _____
 0. No pad impressions
 1. One pad
 2. Two pads

Pad location: _____
 1. Midline
 2. Symmetrically lateral to midline
 3. Asymmetrically left
 4. Asymmetrically right

Pad shape: _____
 1. Circular or oval
 2. Donut-shaped
 3. Triangular
 4. Irregular form

Impression of bindings visible: _____
 1. Yes (describe below)
 2. No

Post-coronal depression present? _____
 1. Yes
 2. No

POSTERIOR ASPECT

Deformation present: _____
 1. Yes
 2. No

Pressure centered at: _____
 1. Lambda
 2. Squamous portion of occipital
 3. Below inion

Plane of pressure: _____
 (relation to transverse plane)
 1. Perpendicular (90°)
 2. Obtuse (>90°)

Any of the following present? _____
 1. Sagittal elevation
 2. Lambdic elevation
 3. Lambdic depression

Pad impressions: _____
 0. No pad impressions
 1. One pad
 2. Two pads
 3. More than two pads

Pad location: _____
 1. Midline
 2. Symmetrically lateral to midline
 3. Asymmetrically left
 4. Asymmetrically right

Pad shape: _____
 1. Circular or oval
 2. Donut-shaped
 3. Triangular
 4. Irregular form

Impression of bindings visible: _____
 1. Yes (describe below)
 2. No



MNI: _____
Total Bone (N): _____
Total Weight (g): _____

Provenience: _____

Designation/ID: _____

CRANIAL (describe identifiable elements present, observations, and condition)

Count (n)¹: _____
Weight (g)²: _____
Color³: _____
Texture⁴: _____
Max. Length⁵: _____

AXIAL (describe)

Count (n)¹: _____
Weight (g)²: _____
Color³: _____
Texture⁴: _____
Max. Length⁵: _____

APPENDICULAR (describe; distinguish between upper and lower if possible)

Count (n)¹: _____
Weight (g)²: _____
Color³: _____
Texture⁴: _____
Max. Length⁵: _____

EXTREMITIES (describe)

Count (n)¹: _____
Weight (g)²: _____
Color³: _____
Texture⁴: _____
Max. Length⁵: _____

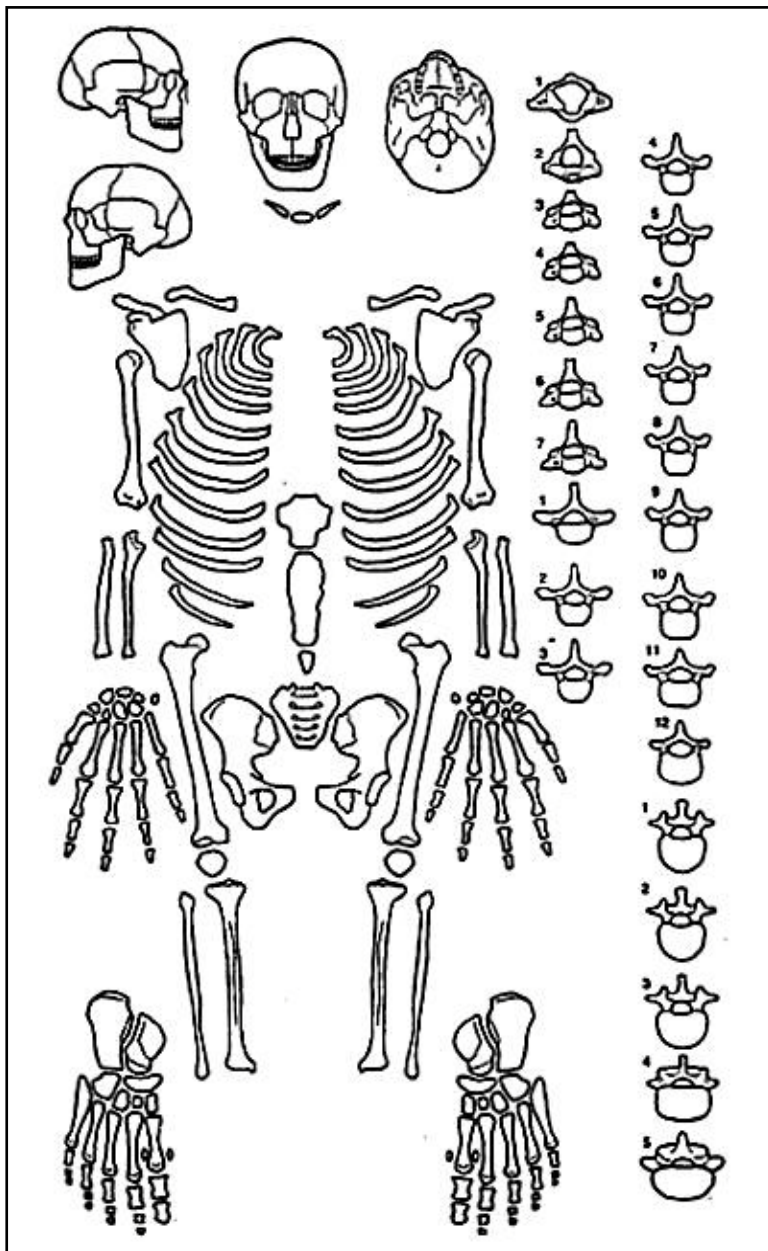
UNIDENTIFIED (describe)

Count (n)¹: _____
Weight (g)²: _____
Color³: _____
Texture⁴: _____
Max. Length⁵: _____

1. **Count:** Number of fragments for each anatomical region (and unidentified) (exclude fragments smaller than 5mm).
2. **Weight:** Weight in grams (g) for each anatomical region (and unidentified), then calculate the total weight.
3. **Color:** Record the dominant color (reflecting degree of burning) for each anatomical region (and unidentified). If color varies, estimate what percentages are in each category. Note colors as **T** (tan), **B** (black), **W** (white or calcined), **BG** (blue-gray).
4. **Texture:** Record the presence of bone texture: **L** (longitudinally split), **T** (longitudinal and transverse checking), **C** (curved cracks) **W** (warping) for each anatomical region. Note dominance of a particular texture and variations within and across regions.
5. **Max. Length:** Record the maximum length in millimeters (mm) of the largest fragment for each anatomical region.

Fill-in skeletal chart when elements can be identified.
 Label with "U" if unsided, and "A" to denote approximated
 location. Use key below to shade fragments by color:

- ☐ Tan (outline fragment)
- ☐ Black (fill completely)
- ☐ White/Calcined (hatch)
- ☐ Blue-Gray (cross-hatch)



Age Class: _____
 Age Estimate: _____
 Criteria:

Sex Estimate: _____
 Criteria:

Pathology:

Notes and Comments:



MNI: _____
Total Count (n): _____
Total Weight (g): _____

Provenience: _____

Designation/ID: _____

- List each identifiable element, indicate side and code completeness (C > 75%; P = 25-75%; F < 25%).
- Count and weigh remains by anatomical region and calculate totals.
- Describe the material and their characteristics, such as warping, breakage, burning, etc.

☐ Remains are burned.

☐ Remains are consistent with human.

☐ Remains are consistent with animal.

☐ Remains are not able to be determined (animal/human?).

CRANIAL Count (n): _____ Weight (g): _____

AXIAL Count (n): _____ Weight (g): _____

APPENDICULAR Count (n): _____ Weight (g): _____

[Code elements for PE (proximal epiphysis), P 1/3 (proximal third of shaft), M 1/3 (middle third), D 1/3 (distal third), DE (distal epiphysis)]

EXTREMITIES Count (n): _____ Weight (g): _____

UNIDENTIFIED Count (n): _____ Weight (g): _____

AGE & SEX ASSESSMENT:

Comments: (note pathologies, taphonomy, etc.)