

Notes

• A request form must be completed if a viewing is needed to identify an object from the *List of sacred objects* as a preliminary step to setting up an agreement for one of the management options of the policy.

Please refer to the accompanying *Procedures* to complete your request form. If

Request to view a sacred object

you need help or have questions, please telephone (306) 787-2815.

• Please submit one form for each object to be viewed.

1. Name and contact information

(Individual(s), designate(s) and/or organization). Please list *all* individuals who will be viewing the object(s)

First name First Nation membership. If not a member of a First Nation, please Last name identify your Aboriginal background. Address City/Town Postal Code Email First name First Nation membership. If not a member of a First Nation, please Last name identify your Aboriginal background. Address City/Town Postal Code Email

Submit this request form to:

Repatriation Registrar Aboriginal History Unit Royal Saskatchewan Museum 2340 Albert Street Regina, Saskatchewan, S4P 2V7



spoon

fan

bone whistle

bowl

47

drum

eagle feather

2. Type of object

medicine bundle

rattle

Request to view a sacred object

3. Object num	ber		
Use the object, catalogue and accession numbers from the <i>List of sacred objects</i> .		Catalogue number Accession number	
4. Description	of sacred obje	ct	
E.g. colour, style, cond use the description pro		y help identify the object or you may refer to and/or red objects.	
5. Background	linformation		
This information can in	clude pictures, drawing tions, or any other info	gs, oral accounts, genealogies, relevant important dates, rmation relevant to the request. Please feel free to add	

Request to view a sacred object

6. Protocols and procedures

Saskatchewan Museum for the care, use timeline (if possible) for any ceremonies		
setup of a special area.		8
7. Additional comments		
Signature(s)	Designate(s)	Date