AMERICAN BURYING BEETLE ACCIDENTAL DEATH FORM

(each death should be recorded on a separate form)

SPECIMEN NUMBER_____

Each specimen must be assigned a unique name This alphanumeric name should be the first letter of the first 2 words of the permittee company or individual (i.e. Acme Company, first dead ABB = AC001).

PERMIT INFORMATION

Permit # : _____ Permit Company:_____

Principle Permit Officer: _____ Collector: _____

SITE DESCRIPTION

County: _____ State: _____

Legal Description of Site: _____

Latitude and Longitude of Site (in NAD 83)**:**

_____

Habitat Description: _____

_____

BEETLE INFORMATION

Sex: Male___ Female ___ **Age:** Newly Eclosed ___ Old ___ Unkown ___ **Recapture**: Yes__ No__

Cause of Death (be as specific as possible, describe condition of beetle, and condition of trap and surroundings)

_____

_____

Date Collected: _____ **Date Deposited: _____**

Day Month Year Day Month Year

Where Deposited (to be completed by principle permittee): _____

_____

OTHER INFORMATION

Other Comments _____

_____