RE	TURN of the	MEMBERS of thi	s FAMILY	and their VISITORS,		OR VANTS,		A. o slept or abode in this H	Jouse on th	e night of SUND	No. on Form B	9
1	NAME and SURNAME.		RELATION to	RELIGIOUS PROFESSION.	EDUCATION.	AGE.	1	1	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb o
	No Persons ABSENT on the night of Sunday, March Sist, to be entered here: EXCEPT those (not enumerated eisewhere) who may be out at WORK or TRAVELLING, &c., during that Night, and who RETURN HOME ON MONDAY, AFRIL 1st. Subject to the above instruction, the Name of the Head of the Family should be written first; then the names of his Wife, Children, and other Relatives; then those of Visitors, Boarders, Servants, &c.			State here the particular Religion, or Religious Denomination, to which each person belongs. [Members of Protestant Denomina- tions are requested not to describe themselves by the vague term "Protestant," but to enter the name of the Particular Church, Denomination, or Body, to which they below.]	State here whether he or she can "Read and Write," can "Read " only, or " Cannot Read."	Years on last Birth- day.	onths for fants Males	School or receiving recolar instantion	Whether "Married."	If in Ireland, state in what County or City ; if else- where, siste the name of	Write the word "Inna" in this column opposite the name of each person who speaks IRBH only, and the words "Inna & ENGLISH"	
	his Wife, Children, and Visitors, Boar Christian Name.	other Relatives ; then those of rders, Servants, &c.	"Visitor," "Boarder," "Servant," &c.	"Protestant," but to enter the name of the Particular Church, Denomination, or Body, to which they belong.]	or "Cannot Read."	day.	for "M" fa fants Malee nder and one "F" fe ear. Female	n s. Before filling this column you are requested to read the Instructions on the other side.]	"Widower," "Widow," or "Not Married."	where, siste the name of • the Country,	words "lanse & Excluse" opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Write the re infirmities op name of afflicted p
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