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Dou Formor-		-	•	(Iwo Exa					te are given on the other sid	(e.)			
R	ETURN of the MEMBERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the night of NAME and SURNAME. RELATION to RELATION to RELIGIOUS PROFESSION. RELIGIOUS PROFESSION. RELIGIOUS PROFESSION.										a siste a surrow	No. on Form B. 16	
	NAME No Persons ABSENT on be entered here : EXCEP who may be out at We	NAME and SURNAME. No Persons ABSENT on the night of Sunday, March Slst, s entered hers : EXCEPT those (not enumerated elsewher) who may be out at WORK or TRAVELLING, dc., during that Night, and who BETURN HOME ON MONDAY, APRE. 16			ADOCATION.	1		SEX.		MARRIAGE.	WHERE BORN.	1	-
1 3	the second se	truction, the Name of the Hear written first; then the names d ciner Relatives; then those arders, Servants, &c.	"Head of Famila !!	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 belong.]	State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years on last Birth- day.	Months for Infants under one Year.	Write "M" for Males and "F" for Females	home, should be returned as Scholars.	e, a Whether t "Married," "Widower," "Widow,"	If in Ireland, state in wha County or City ; if else- where, state the name of the Country.	IRISH LANGUAGE. Write the word "IRIBH" in this column opposite the speaks IRBE orly, and the words "IRBH & ENGLISH" opposite the names of those who can speak both langu ages. In other cases no entry should be made in this column.	If Deaf a Dum B Imbecile or L
1	many	Surname.	xear by					remaie:	Before filling this column you are requested to read the Instructions on the other side.	a or "Not Married."	the Country.	who can speak both langu ages. In other cases no entry should be made in this column.	Write the infirmities name afflicted
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	I hereby	certify, as require	d by the Act 6	- 3 Vic., cap. 6, s. 6 (1), th	hat the								**
for	egoing Return	is correct, accordin	ng to the best o	of my knowledge and bel	ief.				I believe the foregoing	to be a true	Return.	lignature of Head of	