| FORM A. No. on Form B | | | | | | | | | | | |
|--|---|---|--|---|---------------|--|--|-------------------|--|--|--|
| NAME and SURNAME. No Persons ABSENT on the night of Sunday, March 31st, to a many he mut at Wonks or TRATELING, dr., during that Night, and woho ant TRATELING, dr., during that Night, and who astructions House on Mondar, Aratt. 1st. habient to the above instruction, the Name of the Head of | RELATION to Head of Family. State whether "Boad of Family." or "Wife," "Son." | RELIGIOUS PROFESSION. State here the particular Religion, or Religions 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.] | EDUCATION. | AGE. | | SEX. RANK, PROFESSION, OR OCCUPATION. | | MARRIAGE. | WHERE BORN. | IRISH LANGUAGE. | If Deaf and Dumb - |
| | | | 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. | | | School, or receiving regular instruction at home, should be returned as Scholars. | | If in Ireland, state in what County or City ; if else where, state the name of | Write the word "lansn" in this column opposite the name of each person who speaks lansn only, and the words "lansn & Exocusa" opposite the names of those | Dumb only; Blind; Imbecile or Idiot; or Lunatic. |
| | | | | | Toar. | Females. | Before filling this column you are requested to read the Instructions on the other side.] | or "Not Married." | the Country. | opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column. | Write the respective infirmities opposite the name of the afflicted person. |
| Rose Murray | diff. | Ramly Nomanta | Cholic can Read | 50 | | 70 | Harmer | Not man | udbo barran | Englich | |
| Thomas Meneray | Brother | Roman Cath | lie Read the | 58 | | .16 | A alourer | tot mar | in bolegin | English | |
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| I hereby certify, as required | | | | | | | | | | | NUL C |