3

1

APP

2

(Two Examples of the mode of filling up this Table are given on the other side.) FORM A.												
NAME a	E and SURNAME. RELATION to							House on the	No. on Form B			
who may be out at Woni that Night, and who n	these (not commerated elsewhere) is or TRAVELLING, dc., during aurunn Home on Montaria	rej g	State here the pasting to part	EDUCATION.	1	AGE.	SEX.	RANK, PROFESSION, OR OCCUPATION.	MARALIGE.	WHERE BORN.	IRISH LANGUAGE.	1
Subject to the above instru- the Family should be wr	Pain. 1st. wettion, the Name of the Head of ritten first ; then the names of other Relatives ; then those of rders, Servants, dc. Surname.	"Head of Family," or "Wife," "Son," of "Daughter," or	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	"Read" only, or "Cannot Read."	Years on last Birth- day.	under	ts "M" for Males and "F" for	r Children or young persons attending a School, or receiving regular instruction at home, should be returned as Scholars.	Whether "Married." "Widower,"	If in Ireland, state in what County or City; if else- where, state the name of the Country.	Write the word "Imms" in this column opposite the name of each person who speaks linest only, and the words "Imms & English words "Imms & English who can speak both langu- ages. In other cases no entry should be made in	If Deaf and Dum Dumb only; Blind; Imbecile or Idiot or Lunatic. Write the respective infirmities opposite t mame of the
Permant .	le ball	Hand offe	Homan Catholis	Read	42	1	all	Harmer			this column.	name of the afflicted person.
Calkenne	me bake	anife	Homan catholic				3/		Manin	1 Ce. Para	2	
									married	De barra	-	
				-								
									i			
					-							