State State

FORM A. No. on Form B. /D											
RET	URN of the MEMBERS of NAME and SURNAME.			, BOARDERS, SER	VANTS,	&c., who		House on th	e night of SUND	DAY, the 31st of M	MARCH,
No be	Persons ABSENT on the night of Sunday, Marc	RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.	AGE	. SEX.	RANE, PROFESSION, OR OCCUPATION.	MARDINGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf an Dumb
1 2	oho may be out at WORK or TRAVELLING, dc., that Night, and who ERTURN HOME ON MON APRIL 1st. bject to the above instruction, the Name of the re Family should be written first; then the na is Wife, Children, and other Relatives; then to Visitors, Boarders, Servants, &c. Christian Name. Surname.	Liend of Family,	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.	Ionths for minits under one Year. Write "M" fo Males and "F" fo Female	home, should be returned as Scholars.		If in Ireland, state in what County or City; if else- where, state the name of the Country.	wowle "Inter & Ever men "	Blin Imbecile o or Lun Write the r infirmities of name of afflicted p
1_	Pat Bra	dy Head of	R. Catholie	Read Write	5-3-	Mo	Carpenter	anman	D C.C.	this column.	
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