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(Two Examples of the mode of filling up this Table are given on the other side.) FORM A.											No. on Form B. 91		
TURN of the	MEMBERS of this	FAMILY	and their VISITORS,		1. T. C. C. C. C.	1 63	State of the state	slept or abode in this H	ouse on the				
NAME and SURNAME.		RELATION to Head of Family.	State here the particular Religion, or Religious Denomination, to which and, person belongs.	EDUCATION.	AGE.		SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb; Dumb only;	
No Persons ABSENT on the night of Sunday, March 31st, to be entered here: EXCEPT those (not enumerated elsewhere) who may be out at WORK or TRAVELLING, dc., during that Night, and who RETURN HOME ON MONDAY, APRIL 1st. Subject to the above instruction, the Name of the Head of the Family should be written first; then the names of his Wile, Children, and other Relatives; then those of Visitors, Boarders, Servants, &c.				State here whether he or she can "Read and Write," can "Read " only, or " Cannot Read."	Years on last Inf Birth- un day. of	one	- F 10r	Children or young persons attending a school, or receiving regular instruction at home, should be returned as Scholars.	Whether "Married." "Widower." "Widow," or "Not Married."	If in Ireland, state in what County or City ; if else- where, state the name of the Country.	Write the word "IMER" in this column opposite the name of each person who speaks Insu out, and the words "IMER & ENGLISH" opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Blind; Imbecile or Idiot; or Lunatic. Write the respective infirmitics opposite the name of the afflicted person.	
Visitors, Bos Christian Name.	rders, Servants, &c.		name of the Particular Church, Denomination, or Body, to which they belong.]			Year.	Females	Before filling this column you are requested to read the Instructions on the other side.j		2	entry should be made in this column.	name of the afflicted person.	
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