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				F	DR	M	. 1	2.				
of the N	EMBERS of this	FAMILY	and their VISITORS,	BOARDERS, SERV	ANTS	, &c.,	who	slept or abode in this H	louse on the	e night of SUMI		
	SURNAME.	RELATION to Head of Family.	ELLIGIOUS PROFESSION.	EDUCATION.	ÅG	B.	SEX.	RANK, PROFESSION, OR OCCUPATION.	MARDINGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Dumb; Dumb only; Blind;
ns ABSENT on the r l here : EXCEPT the y be out at Work Night, and who re	ight of Sunday, March 31st, to ose (not enumerated elsewhere) or TRAVELLING, &c., during TURN HOME ON MONDAY, HL 1st.		State here the particular Religion, or Religious Denomination,			Months	Write	State the Particular Bank, Profession, Trade, or other Employment of each person. Children or young persons attending a School, or receiving regular instruction at home, should be returned as Scholars.	Whether "Married."	If in Ireland, state in wha	Write the word "IRISH" in this column opposite the name of each person who speaks IRISH only, and the	imbecile or Idiot ; or Lunatic.
APRIL 1st. hject to the above instruction, the Name of the Head of e Family should be written first ; then the names of s Wife, Children, and other Relatives ; then those of Visitors, Boarders, Servants, &c.		"Head of Family," or "Wife," "Son," "Daughter," or other relative;	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 below.]	State here whether he or she can "Read and Write," can "Read" only, or "Caunot Read."	Years on last Birth- day.	for	"M" for Males and "F" for		"Married." "Widower," "Willow," or "Not Married."	County or City ; if else- where, state the name of the Country.	Write the word "INNE" in this column opposite the name of each person whi- speaks Inne of New and the words "Inner & ENGLAS" opposite the names of thos who can speak both langu- ages. In other cases me entry should be made in this column.	Write the respective infirmities opposite the name of the afflicted person.
tian Name.	ther Relatives ; then those of ers, Servants, &c. Surname.	"Visitor," "Boarder," "Servant," &c.	"Protestant," but to enter the name of the Particular Church, Denomination, or Body, to which they belong.]			Tear.	remities	Before filling this column you are requested to read the instructions on the other side.]			entry should be made in this column.	afflicted person.
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1 hereb	y certify, as requir	no to the be	st of my knowledge and	belief.				· P.t	ich h	Manus.	(Signature of Hea	A . Camillar)