X	\times		FORM I.—RETURN OF LUNATICS AND IDIOTS IN PUBLIC INSTITUTIONS AND PRIVATE LUNATIC ASYLUMS—continued.												
)	de la dista	Card Date	Religious Profession.	Education.	Age.	1 1	Rank, Profession, or Occupation.	Marriage.	Where Born.	Irish Language.	TIC ASYLUMS—continued. Disease.			If Deaf & Dumb o	
Z.	Christian Name.	Surname.	State here the particular Religion, or Religious Denomination, to which each person belongs. (Members of Protestant Denominations should not be described by the vague term "Protestant," but the name of the particular Church, Denomination, or Body, to which they belong should be stated.)	Whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years, on last Birth- day.	Write "M." for Males and "F." for Females.	State the Particular Rank, Profession, Trade, or other Employment of each Person, when in Health.	Whether "Married," "Widower," "Widow," or "Not Married."	If in Ireland, state in what County or City; if elsewhere state the name of the Country.	Write the word "luisn" in this column opposite the initials of each person who speak IRISH only, and the word" luish and ENGLISH "opposite the initials of those who can speak both languages. In other cases no entry should be made in this column.	State the kind of Insanity under which each Patient labours, as:— Mania, Melancholia, Dementia, and whether with tendency to Violence, or whether complicated by Epilepsy.	How long affected.	State ascertained or presumed cause of Insanity.	La or De	
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