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RE	FORM A. No. on Form B												
	No Persons absent on the	night of Sunday, March 31st, to	RELATION to Head of Family.	RELIGIOUS PROFESSION.	EDUCATION.		GE.	SEX.	BANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	If Deaf and Du
	who may be out at WORK or TRAVELLING, dr., during that Night, and who RETTEN HOME ON MONDAY, APRIL 1st. Subject to the above instruction, the Name of the Head of his Family should be written first; then the names of his Wifs, Children, and other Relatives; then those of Visitors, Boarders, Servasis, do.		State whether "Head of Family," or "Wife," "Soo," "Daughter," or other relative; "Visitor," "Boarder," "Servant," de.	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 "Bead and Write," can "Read" only, or "Cannot Read,"	Years for on last Infants Birth- under day. one	Infants under one	"M" for Males and "F" for	home, should be returned as Scholars.	Whether "Married." "Widower." "Widow,"	If in Ireland, state in what County or City; if else- where, state the name of	Write the word "Insa" in	Blind;
and	Christian Name.	Surnama.					Year.	Females	Before filling this column you are requested to read the Instructions on the other side.]	or "Not Married."	the Country.	and column opposite the name of each person who speaks laush only, and the words "Insu & ENGLISH" opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Write the respe infirmities opposi- name of the afflicted person
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