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FORM A. URN of the MEMBERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the										No. on Form B. 5		
NAME and SURNAME. To Persons ABSENT on the night of Sunday, March Sist, to 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. Mubject to the above instruction, the Name of the Head of the Family should be written first ; then the names of his Wife, Children, and other Relatives; then those of Visitors, Boarders, Servants, dc.		RELATION to Head of Family. State whether "Head of Family." or "Wife," "Son," "Daughter," or other relative; "Visitor,"	RELIGIOUS PROFESSION. 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 remus of the Particular Church	EDUCATION. State here whether he or she can " Head and Write," can "Head " only, or " Cannot Bead."	1		SEX.	L. RANK, PROFESSION, OR OCCUPATION. State the Particular Rank, 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.	MARRIAGE.	WHERE BORN. If in Ireland, state in what County or City ; if else- where, state the name of	IRISH LANGUAGE. Write the word "IRISH" in this column opposite the name of each person who speaks IRISH only, and the words "INISH & Exercise	If Deaf and Dumb ; Dumb only ; Blind ; Imbocile or Idiot ; or Lunatie.
					Years Month for on iast Birth- day. One Year.		hs Write "M" for ts Males and "F" for Females.					
Christian Name.	Surname.	Dervaue, ac.	Benomination, or Body, to which they belong.] Coman Catholie		28		F	Before filling this column you are requested to read the Instructions on the other side.]	ritraned	Colavan	opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Write the respective infirmities opposite the name of the afflicted person.
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I here going Retur	by certify, as required n is correct, according	to the best	63 Vic., cap. 6, s. 6 (1), of my knowledge and b and for the second s	elief.	numer	ator.)		I believe the foregoing	to be a true	2	Signal ure of Head o j	Family).