-	FORM A. The MEMBERS of this FAMILY and their VISITORS, BOARDERS, SERVANTS, &c., who slept or abode in this House on the									No. on Form B. 9		
P	No Persons ASSENT on the night of Sunday, March 31st, to		Head of Family.		EDUCATION.	AGE. SEX.		RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN.	IRISH LANGUAGE.	
Number	that Night, and who n Ar Subject to the above instru- the Family should be er his Wile, Children, and o Visitors, Boar Christian Name.	or TRAYELLESS, dc., during arrans House on Mondar, all, ist. ction, the Name of the Head of item first: then the names of ther Relatives; then those of iers, Servanis, dc. Surpame.	or "Wife," Son." "Daughter," or other relative, "Visitor," "Boarder," "Servant," &o.	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 "Frotestant," but to enter the name of the Particular Church, Denomination, or Body, to which they belong.]	State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years Mon on last Infa Birth- day. or Yea	ths Write "M" for Males and e "F" for r. Femaler	State the Particular Rank, Profession, Trad or other Employment of each persor Children or young persons attending School or received	e, a. Whether a. "Married." "Widower,"	If in Ireland, state in what County or City; if else where, state the name of the Country.	Write the word "Iaisa" in this column opposite the	If Deaf and Dur Dumb only; Blind ; imbecile or Idia or Lunatic. Write the respect infirmities opposite name of the afflicted person
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