FORM A. No. on Form B. // No. on Form B. //										
NAME and SURNAME. one assess on the wight of Sunday, March 21st, to red here: EXCEPT these (not consumerated elsewhere) my be out at Wome, or TRAVELLING, dr., during Sight, and sole servers Hours of Mostar, APULL 1st. to the close instruction, the Name of the Hoad of mily should be written first; then the names of the Children, and other Relatives; then these of Visitors, Boarders, Servants, dc.	RELATION to	RELIGIOUS PROFESSION.	EDUCATION.	AGE.	1	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN. If in Ireland, state in what County or City; if else- where, state the name of the Country.	IRISH LANGUAGE.	If Deaf and Dumb Dumb only;
	d of "Daughter," or of "Daughter," or of "Visiter," "Boarder,"		State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years on last Birth- day. One Year.	nder and "F" fo	Children or young persons attending a School, or receiving regular instruction at home, should be returned as Scholars.				
hund borg	"Servant," de	RP	Resputit		h	Before filling this column you are requests to read the instructions on the other side	Prot man	Palit	ages. In other cases no entry should be made in this column.	Write the respectiv infirmities opposite t name of the afflicted person.
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hereby certify as requi	red by the Ast	63 Vic., cap. 6, s. 6 (1),	that the			I believe the foregoi	and a second			

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