FORM A. No. on Form B. /												
NAME a	RETURN of the MEMBERS of this NAME and SURNAME. No Persons ADMENT on the night of Sunday, March 32st, to be endered here : EXCEPT those (not commerciated elsewhere) who many be out at Works or TRAFELLING, de., during that Night, and who merrar Home or MonDAY, APARL 1st. Subject to the above instruction, the Name of the Head of he Family should be written first: then the mames of his Wife, Children, and other Relatives: then those of Visitors, Boarders, Servants, de. Christian Name. Surname.		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 thomselves by the vague term "Protestant," but to enter the name of the Particular Church, Denomination, or Body, to which they belong.)	EDUCATION.	VANTS, &c., who			RANK, PROFESSION, OR	1	1		-
sindicate there: EXCEPT who many be and at Woo that Sight, and who A Subject to the above just				State here whether he or she can "Read and Write," can "Read" only, or "Cannot Read."	Years on last Birtin- day. one			OCCUPATION. State the Particular Rank, Profession, Trade, or, other, Employment, Profession, Trade,	Whether "Married." "Widowr." or "Not Married."	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 "IRISH & ENGLISH"	If Deaf an Dumb Blin Imbecile o or Lu
Visitors, Bos					day.	one Year.	and "F" for Females.			where, state the name of the Country.	words "interface Entering of those opposite the names of those who can speak both langu- ages. In other cases no entry should be made in this column.	Write the infirmities of name of afflicted
1 John	Monnell		Roman Catholic				m	Farmer ;	of marine	Townty Pavan	1	
2 Margaret	Wofonnell	Riter	Roman Catholie	Read and Write	50	tal	Ŧ	Farmers housekaper	not married	founty Cavan		
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