## CENSUS OF IRELAND, 1901.

(Two Examples of the mode of filling up this Table are given on the other side.)

## FORM A.

	NAME and SURNAME.  No Persons ABSENT on the night of Sunday, March Sist, to be entered here: EXCEPT those (not enumerated elsewhere who may be out at Work or Trayellaring, de, during	RELATION to Head of Family.	MAZIONOS PROFESSION.	EDUCATION.		GE.	SEX.	RANK, PROFESSION, OR OCCUPATION.	MARRIAGE.	WHERE BORN,	IRISH LANGUAGE.	
Number	who may be out at Work or TrayFilling, &c., during that Night, and who return Home on Monday, April 1st.  Subject 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, &c.  Christian Name. Surname.	State whether "Head of Family," or "Wife," Son." "Daughter," or other relative; "Visitor," "Boarder," "Servant," &c.	State here the particular Religion, or Religious Denomination, to which each person belongs.  [Members of Protestant Denominations 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 "Read and Write," can "Read" only, or "Cannot Read."	Years on last Birth- day.	under	Write "M" for Males and "F" for Females.	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.	Whether "Married." "Widower," "Widow," or "Not Married."	If in Ireland, state in what County or City; if else- where, state the name of the Country.	Write the word "IRISH" in this column opposite the name of each person who speaks IRISH only, and the	If Deaf and Dumi Dumb only; Blind; Imbecile or Idiot or Lunatic.  Write the respective
1	Edwar & Flood	Head of Jan	Bon a PoH 1.	2 , ,				so read the instructions on the other side.]			opposite the names of those who can speak both languages. In other cases no entry should be made in this column.	Write the respecti infirmities opposite name of the afflicted person.
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3	Mary Hood	200	Toman balfolie	pread andrig	30		5		# marrie	y Do		
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	I hereby certify, as required	by the Art o	o W						1.			

I hereby certify, as required by the Act 63 Vic., cap. 6, s. 6 (1), that the foregoing Return is correct, according to the best of my knowledge and belief.

I believe the foregoing to be a true Return,

(Signature of Head of Family).