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Cook Isl.

CENSUS DISTRICT No. \_\_\_\_\_  
 ENUMERATION AREA No. \_\_\_\_\_  
 HOUSEHOLD SCH. No. \_\_\_\_\_  
 PERSONAL SCH. No. \_\_\_\_\_



PERSONAL SCHEDULE

CONFIDENTIAL

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## COOK ISLANDS POPULATION CENSUS 1976

PART (A) REFERS TO ALL PERSONS	Leave blank	PART (B) REFERS TO PERSONS 15YRS AND OVER	Leave blank
1. Full Name : _____		11. Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
2. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		12. Employment status: ( last week )	
3. Relationship to head of household: _____		Employed: <input type="checkbox"/> Employer <input type="checkbox"/> Self employed mainly subsistence	Unemployed actively seeking job: <input type="checkbox"/> New worker <input type="checkbox"/> Experienced worker
4. Date of birth: _____ Age: _____ yrs. _____ mths.		<input type="checkbox"/> Self employed mainly cash income <input type="checkbox"/> Working for wage/salary <input type="checkbox"/> Unpaid family worker	Unemployed not seeking job: <input type="checkbox"/> Unpaid domestic worker <input type="checkbox"/> Student <input type="checkbox"/> Retired/income recipient
5. Birthplace: Village/City _____ Island/Country _____		Other specify _____	
6. (a) Census night address: Village. _____ Island. _____		13. Principal Occupation:	
(b) Place of usual residence: Village/ _____ Island/ _____ City _____ Country _____		(a) Name of post held ( exact nature of work done ) _____	
(c) Place of residence, 1st Dec. 1971 Village/ _____ Island/ _____ City _____ Country _____		(b) Name of the office/ business person/own plantation where working _____	
7. (a) If attending school/college/ varsity, mention class/form/ stage: _____		14. Secondary Occupation (if any)	
(b) If not attending, mention highest (i) Class completed _____		(a) Nature of work done _____	
(ii) Certificate obtained _____		(b) Name of office/business etc. where working. _____	
(c) Vocational education if any, specify _____		15. FEMALES ONLY (adopted and feeding children not to be included):	
8. Tick box to indicate race: <input type="checkbox"/> C.I. Maori <input type="checkbox"/> European <input type="checkbox"/> C.I. Maori/ European <input type="checkbox"/> C.I. Maori/French Polynesia <input type="checkbox"/> Other specify _____		(a) Total number of children born alive boys _____ girls _____	
9. Tick box to indicate religion: <input type="checkbox"/> CICC <input type="checkbox"/> RC <input type="checkbox"/> LDS <input type="checkbox"/> SDA <input type="checkbox"/> Other Specify _____ <input type="checkbox"/> Object		(b) Total number of children still living boys _____ girls _____	
10. Non - Cook Islands Maori		(c) Your age at birth of first child _____	
(a) Nationality _____ (according to passport)		(d) Is your last born child still alive? Yes/No	
(b) Contract worker Yes/No		(e) Date of birth last child _____	
(c) Resident Yes/No			
(d) Length of stay in Cook Islands _____			

I HEREBY DECLARE THAT THE ABOVE PARTICULARS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature \_\_\_\_\_

## HOUSEHOLD SCHEDULE

CONFIDENTIAL

## COOK ISLANDS

## POPULATION CENSUS 1976



CENSUS DISTRICT No. \_\_\_\_\_

ENUMERATION AREA No. \_\_\_\_\_

HOUSEHOLD SCH. No. \_\_\_\_\_

VILLAGE / TAPERE. \_\_\_\_\_

1. Name of Head/Person in charge: _____		
2. Number persons in the household: _____ Male _____ Female _____		
3. Type of dwelling: <input type="checkbox"/> Conventional <input type="checkbox"/> Non-conventional, specify _____		
4. Number of rooms in the dwelling: (Exclude bathrooms, toilets, verandahs) _____		
5. Floor area of the dwelling: (exclude bathroom, toilet, verandah and other unwallled area) _____ sq. ft.		
6. Materials of construction:		
	Main house	Other house if any
Outer walls	_____	_____
Roof	_____	_____
Floor	_____	_____
7. Year of construction of the dwelling: _____		
8. (a) Source of water: Tick (✓)		(b) Water Supply: Tick (✓)
<input type="checkbox"/> Piped community system		<input type="checkbox"/> Piped to dwelling
<input type="checkbox"/> Own rain water tank		<input type="checkbox"/> Outside, but less than 100m
<input type="checkbox"/> Other specify _____		<input type="checkbox"/> Other specify _____
9. Tick (✓) if the dwelling has:		
<input type="checkbox"/> Electricity	<input type="checkbox"/> Telephone	<input type="checkbox"/> Flush toilet
<input type="checkbox"/> Washing machine	<input type="checkbox"/> Kitchen in house	<input type="checkbox"/> Pour flush toilet
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Installed kitchen sink	<input type="checkbox"/> Pit toilet
<input type="checkbox"/> Radio	<input type="checkbox"/> Installed bath or shower	<input type="checkbox"/> Lagoon toilet
10. Means of cooking: Tick (✓) box which applies:		
<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas	<input type="checkbox"/> Fuel burner
		<input type="checkbox"/> Woodcrate or open fire
11. (a) Is this dwelling (Tick (✓) appropriate box)		
<input type="checkbox"/> Rented or leased		<input type="checkbox"/> On loan repayment/ mortgage
<input type="checkbox"/> Provided free with job		<input type="checkbox"/> Own outright
<input type="checkbox"/> Loaned without payment		<input type="checkbox"/> Other specify _____
(b) If rented (a) State weekly rent \$ _____		
(b) Tick appropriate box		
<input type="checkbox"/> Furnished	<input type="checkbox"/> Unfurnished	<input type="checkbox"/> Partly furnished
12. Number of livestock owned by household:		
(a) Pigs _____	(b) Horses _____	(c) Cattle _____ (d) Goat _____

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Signature \_\_\_\_\_