

SECTION I

(One Schedule to be completed for

FOR OI

County/Parish/Quarter.....
Ward (if applicable).....
Enumeration District Number.....
Type of Area.....
Schedule Number.....
No. of Rooms.....
Address of Household/Building.....

No. of Families or Domestic Units.....
No. of Persons per Room.....
Type of Household.....

Town/District/Locality

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TYPE OF CARD	SECTION II					SECTION III				
	Coder.....					Coder.....				
INDIVIDUAL NO.	Surname and main Christian Name	Relationship	Sex	Age Last Birth- day yrs. and months as frac- tions of a year for children under 2 years of age	Race or Ethnic Origin N W I CH M P A C S O	Religion enter as stated by respondents	Birthplace If in this town/locality write 'here' If elsewhere in this territory give town or locality and name of nearest town. If abroad, give name of country only.	Normal Residence If in this town/locality write 'here' If elsewhere give town/ locality and name of nearest town. NOTE! For persons born abroad, normal residence is where they normally live in this Territory.	Years of Resi- dence If local born length of stay in present resi- dence If Foreign born length of stay in this territory	Highest of Edu- Attai incl. child at sch Std. 1 t S.C N.S. U.I U.I E.F No
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										

INDIVIDUAL NO.	R E M A R K S

1

FOR OFFICE USE ONLY

Checked in Office.....

Total Number of families

[illegible]

INDIVIDUAL NO.	R E M A R K S