

STRICTLY CONFIDENTIAL

CENSUS OF BE

Census District No.....

Sub-district No.....

Household Schedule No.....

Multi Dwelling No.....

Attached Form B. No(s).....

This is a confidential document
disclosed about any individual.
for any other purpose than the pre

CATEGORY OF DWELLING	BUILDING IN WHICH DWELLING SITUATED	TYPE OF DWELLING AND NUMBER OF ROOMS	TENANCY STATUS AND RENT PAID (if any)
(a)	(b)	(d)	(g)
Large Hotel.....	House of One Storey.....	Entire House.....	Occupied by Owner.....
.....	House Multi Storey.....	Self Contained Apartment.....	Rented Unfurnished.....
Small Hotel.....	Apartment Building.....	Rooms in House.....	Rented Furnished.....
.....	Other.....	Other.....	Free Accommodation.....
Institution.....	(c)	(e)	(h) Weekly Rent £ s. d. or Monthly Rent £ s. d.
.....	Number of Occupied	Total Rooms.....	(i) Length of Rental Agreement or Lease
Private Dwelling.....	Dwellings in Building.....	(f) Bedrooms..... Months Years

1	SURNAME AND NAME Include every person spending Census Night in this dwelling who is resident in Bermuda. Enter name of Head of Household first. USE BLOCK LETTERS	2	Relationship To the Head of the Household	3	Sex	Date of Birth		6	Age Years old last Birthday	7	Race	8	Conjugal Condition	For Married Males		For Females aged 13 years and over		
						4	5							9	10	11	Children now Living	
																	12	13
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		

YOU ARE ADVISED TO READ ATTACHED "NOTES ON COMPILATION" BEFORE ATTEMPTING TO COMPLETE THE FORM

