



**CENSUS 2010 SURVEY FORM**  
**SINGAPORE DEPARTMENT OF STATISTICS**  
**CENSUS OF POPULATION 2010**  
**(STATISTICS ACT, CHAPTER 317)**  
**Household Form**

Appendix L



**CONFIDENTIAL**

HOUSE REF NO. 

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 Form ID: 

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Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Instructions:* - Please complete the form in **BLUE/BLACK** ink only.  
 - You are allowed to tick only 1 box for each question, unless otherwise specified.

**A. House Members' Particulars**

**Person 1**

<p><b>1. Name</b></p> <input style="width: 95%; height: 20px;" type="text"/>  <p><b>2. Identification Number (NRIC/BC/FIN)</b></p> <input style="width: 95%; height: 20px;" type="text"/>	<p><b>3. Whereabouts</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Staying in address</td> <td><input type="checkbox"/> Shifted out</td> </tr> <tr> <td><input type="checkbox"/> Overseas for less than 6 months</td> <td><input type="checkbox"/> Deceased</td> </tr> <tr> <td><input type="checkbox"/> Overseas for 6 months to less than 12 months</td> <td><input type="checkbox"/> Unknown Person</td> </tr> <tr> <td><input type="checkbox"/> Overseas for 12 months or more</td> <td></td> </tr> </table>	<input type="checkbox"/> Staying in address	<input type="checkbox"/> Shifted out	<input type="checkbox"/> Overseas for less than 6 months	<input type="checkbox"/> Deceased	<input type="checkbox"/> Overseas for 6 months to less than 12 months	<input type="checkbox"/> Unknown Person	<input type="checkbox"/> Overseas for 12 months or more	
<input type="checkbox"/> Staying in address	<input type="checkbox"/> Shifted out								
<input type="checkbox"/> Overseas for less than 6 months	<input type="checkbox"/> Deceased								
<input type="checkbox"/> Overseas for 6 months to less than 12 months	<input type="checkbox"/> Unknown Person								
<input type="checkbox"/> Overseas for 12 months or more									

**Person 2**

<p><b>1. Name</b></p> <input style="width: 95%; height: 20px;" type="text"/>  <p><b>2. Identification Number (NRIC/BC/FIN)</b></p> <input style="width: 95%; height: 20px;" type="text"/>	<p><b>3. Whereabouts</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Staying in address</td> <td><input type="checkbox"/> Shifted out</td> </tr> <tr> <td><input type="checkbox"/> Overseas for less than 6 months</td> <td><input type="checkbox"/> Deceased</td> </tr> <tr> <td><input type="checkbox"/> Overseas for 6 months to less than 12 months</td> <td><input type="checkbox"/> Unknown Person</td> </tr> <tr> <td><input type="checkbox"/> Overseas for 12 months or more</td> <td></td> </tr> </table>	<input type="checkbox"/> Staying in address	<input type="checkbox"/> Shifted out	<input type="checkbox"/> Overseas for less than 6 months	<input type="checkbox"/> Deceased	<input type="checkbox"/> Overseas for 6 months to less than 12 months	<input type="checkbox"/> Unknown Person	<input type="checkbox"/> Overseas for 12 months or more	
<input type="checkbox"/> Staying in address	<input type="checkbox"/> Shifted out								
<input type="checkbox"/> Overseas for less than 6 months	<input type="checkbox"/> Deceased								
<input type="checkbox"/> Overseas for 6 months to less than 12 months	<input type="checkbox"/> Unknown Person								
<input type="checkbox"/> Overseas for 12 months or more									

**Person 3**

<p><b>1. Name</b></p> <input style="width: 95%; height: 20px;" type="text"/>  <p><b>2. Identification Number (NRIC/BC/FIN)</b></p> <input style="width: 95%; height: 20px;" type="text"/>	<p><b>3. Whereabouts</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Staying in address</td> <td><input type="checkbox"/> Shifted out</td> </tr> <tr> <td><input type="checkbox"/> Overseas for less than 6 months</td> <td><input type="checkbox"/> Deceased</td> </tr> <tr> <td><input type="checkbox"/> Overseas for 6 months to less than 12 months</td> <td><input type="checkbox"/> Unknown Person</td> </tr> <tr> <td><input type="checkbox"/> Overseas for 12 months or more</td> <td></td> </tr> </table>	<input type="checkbox"/> Staying in address	<input type="checkbox"/> Shifted out	<input type="checkbox"/> Overseas for less than 6 months	<input type="checkbox"/> Deceased	<input type="checkbox"/> Overseas for 6 months to less than 12 months	<input type="checkbox"/> Unknown Person	<input type="checkbox"/> Overseas for 12 months or more	
<input type="checkbox"/> Staying in address	<input type="checkbox"/> Shifted out								
<input type="checkbox"/> Overseas for less than 6 months	<input type="checkbox"/> Deceased								
<input type="checkbox"/> Overseas for 6 months to less than 12 months	<input type="checkbox"/> Unknown Person								
<input type="checkbox"/> Overseas for 12 months or more									



**SINGAPORE DEPARTMENT OF STATISTICS  
CENSUS OF POPULATION 2010  
(STATISTICS ACT, CHAPTER 317)  
Household Form**

**Person 4**

<b>1. Name</b> <input type="text"/>  <b>2. Identification Number (NRIC/BC/FIN)</b> <input type="text"/>	<b>3. Whereabouts</b> <table border="0"> <tr> <td><input type="checkbox"/> Staying in address</td> <td><input type="checkbox"/> Shifted out</td> </tr> <tr> <td><input type="checkbox"/> Overseas for less than 6 months</td> <td><input type="checkbox"/> Deceased</td> </tr> <tr> <td><input type="checkbox"/> Overseas for 6 months to less than 12 months</td> <td><input type="checkbox"/> Unknown Person</td> </tr> <tr> <td><input type="checkbox"/> Overseas for 12 months or more</td> <td></td> </tr> </table>	<input type="checkbox"/> Staying in address	<input type="checkbox"/> Shifted out	<input type="checkbox"/> Overseas for less than 6 months	<input type="checkbox"/> Deceased	<input type="checkbox"/> Overseas for 6 months to less than 12 months	<input type="checkbox"/> Unknown Person	<input type="checkbox"/> Overseas for 12 months or more	
<input type="checkbox"/> Staying in address	<input type="checkbox"/> Shifted out								
<input type="checkbox"/> Overseas for less than 6 months	<input type="checkbox"/> Deceased								
<input type="checkbox"/> Overseas for 6 months to less than 12 months	<input type="checkbox"/> Unknown Person								
<input type="checkbox"/> Overseas for 12 months or more									

**Person 5**

<b>1. Name</b> <input type="text"/>  <b>2. Identification Number (NRIC/BC/FIN)</b> <input type="text"/>	<b>3. Whereabouts</b> <table border="0"> <tr> <td><input type="checkbox"/> Staying in address</td> <td><input type="checkbox"/> Shifted out</td> </tr> <tr> <td><input type="checkbox"/> Overseas for less than 6 months</td> <td><input type="checkbox"/> Deceased</td> </tr> <tr> <td><input type="checkbox"/> Overseas for 6 months to less than 12 months</td> <td><input type="checkbox"/> Unknown Person</td> </tr> <tr> <td><input type="checkbox"/> Overseas for 12 months or more</td> <td></td> </tr> </table>	<input type="checkbox"/> Staying in address	<input type="checkbox"/> Shifted out	<input type="checkbox"/> Overseas for less than 6 months	<input type="checkbox"/> Deceased	<input type="checkbox"/> Overseas for 6 months to less than 12 months	<input type="checkbox"/> Unknown Person	<input type="checkbox"/> Overseas for 12 months or more	
<input type="checkbox"/> Staying in address	<input type="checkbox"/> Shifted out								
<input type="checkbox"/> Overseas for less than 6 months	<input type="checkbox"/> Deceased								
<input type="checkbox"/> Overseas for 6 months to less than 12 months	<input type="checkbox"/> Unknown Person								
<input type="checkbox"/> Overseas for 12 months or more									

**Person 6**

<b>1. Name</b> <input type="text"/>  <b>2. Identification Number (NRIC/BC/FIN)</b> <input type="text"/>	<b>3. Whereabouts</b> <table border="0"> <tr> <td><input type="checkbox"/> Staying in address</td> <td><input type="checkbox"/> Shifted out</td> </tr> <tr> <td><input type="checkbox"/> Overseas for less than 6 months</td> <td><input type="checkbox"/> Deceased</td> </tr> <tr> <td><input type="checkbox"/> Overseas for 6 months to less than 12 months</td> <td><input type="checkbox"/> Unknown Person</td> </tr> <tr> <td><input type="checkbox"/> Overseas for 12 months or more</td> <td></td> </tr> </table>	<input type="checkbox"/> Staying in address	<input type="checkbox"/> Shifted out	<input type="checkbox"/> Overseas for less than 6 months	<input type="checkbox"/> Deceased	<input type="checkbox"/> Overseas for 6 months to less than 12 months	<input type="checkbox"/> Unknown Person	<input type="checkbox"/> Overseas for 12 months or more	
<input type="checkbox"/> Staying in address	<input type="checkbox"/> Shifted out								
<input type="checkbox"/> Overseas for less than 6 months	<input type="checkbox"/> Deceased								
<input type="checkbox"/> Overseas for 6 months to less than 12 months	<input type="checkbox"/> Unknown Person								
<input type="checkbox"/> Overseas for 12 months or more									

**Person 7**

<b>1. Name</b> <input type="text"/>  <b>2. Identification Number (NRIC/BC/FIN)</b> <input type="text"/>	<b>3. Whereabouts</b> <table border="0"> <tr> <td><input type="checkbox"/> Staying in address</td> <td><input type="checkbox"/> Shifted out</td> </tr> <tr> <td><input type="checkbox"/> Overseas for less than 6 months</td> <td><input type="checkbox"/> Deceased</td> </tr> <tr> <td><input type="checkbox"/> Overseas for 6 months to less than 12 months</td> <td><input type="checkbox"/> Unknown Person</td> </tr> <tr> <td><input type="checkbox"/> Overseas for 12 months or more</td> <td></td> </tr> </table>	<input type="checkbox"/> Staying in address	<input type="checkbox"/> Shifted out	<input type="checkbox"/> Overseas for less than 6 months	<input type="checkbox"/> Deceased	<input type="checkbox"/> Overseas for 6 months to less than 12 months	<input type="checkbox"/> Unknown Person	<input type="checkbox"/> Overseas for 12 months or more	
<input type="checkbox"/> Staying in address	<input type="checkbox"/> Shifted out								
<input type="checkbox"/> Overseas for less than 6 months	<input type="checkbox"/> Deceased								
<input type="checkbox"/> Overseas for 6 months to less than 12 months	<input type="checkbox"/> Unknown Person								
<input type="checkbox"/> Overseas for 12 months or more									

**Person 8**

<b>1. Name</b> <input type="text"/>  <b>2. Identification Number (NRIC/BC/FIN)</b> <input type="text"/>	<b>3. Whereabouts</b> <table border="0"> <tr> <td><input type="checkbox"/> Staying in address</td> <td><input type="checkbox"/> Shifted out</td> </tr> <tr> <td><input type="checkbox"/> Overseas for less than 6 months</td> <td><input type="checkbox"/> Deceased</td> </tr> <tr> <td><input type="checkbox"/> Overseas for 6 months to less than 12 months</td> <td><input type="checkbox"/> Unknown Person</td> </tr> <tr> <td><input type="checkbox"/> Overseas for 12 months or more</td> <td></td> </tr> </table>	<input type="checkbox"/> Staying in address	<input type="checkbox"/> Shifted out	<input type="checkbox"/> Overseas for less than 6 months	<input type="checkbox"/> Deceased	<input type="checkbox"/> Overseas for 6 months to less than 12 months	<input type="checkbox"/> Unknown Person	<input type="checkbox"/> Overseas for 12 months or more	
<input type="checkbox"/> Staying in address	<input type="checkbox"/> Shifted out								
<input type="checkbox"/> Overseas for less than 6 months	<input type="checkbox"/> Deceased								
<input type="checkbox"/> Overseas for 6 months to less than 12 months	<input type="checkbox"/> Unknown Person								
<input type="checkbox"/> Overseas for 12 months or more									

*Please proceed to Item B.*



**SINGAPORE DEPARTMENT OF STATISTICS**  
**CENSUS OF POPULATION 2010**  
**(STATISTICS ACT, CHAPTER 317)**  
**Household Form**



### B. Relationship to Head

A household refers to one person living alone or a group of two or more persons living together in the same house and sharing common food or other arrangements for essential living.

Although the following people may be living in the same house, they may not be in the same household. E.g. A family **renting out** a room to a tenant. If the tenant does not share or have meals with the family, the tenant is **NOT** regarded as belonging to the **same household** and should be assigned a **different household number**.

**B1.** Do all members belong to the same household?

- Yes       No

▶ If yes, go to Item B3. Otherwise, proceed to Item B2.

**B2.** If members belong to different households, please group the members into their respective households by assigning the same household number, starting with "01". Please indicate a new household number for member(s) belonging to different household(s).

Person No.							
1	2	3	4	5	6	7	8
Household Number							

**B3.** Please select a Household Head for each household by ticking the relevant box. Next, for each and every other person, state their relationship to their respective Household Head. Please enter the Form ID if more than 1 Household Form is used.

The Head of Household is the person who is generally acknowledged as such by the other members of the household. Generally the head is the oldest member, the main income earner or the person who manages the affair of the household.

Relationship to Head	Person No.								Form ID
	1	2	3	4	5	6	7	8	
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Son/Daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Son-in-law/Daughter-in-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parent-in-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brother, Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brother-in-law/Sister-in-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grandchild/Grandchild-in-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grandparent/Grandparent-in-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Great Grandchild/Great Grandchild-in-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Great Grandparent/Great Grandparent-in-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Relatives, Same Generation as Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Relatives, One Generation Older than Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Relatives, Two Generations Older than Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Relatives, Three Generations Older than Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Relatives, One Generation Younger than Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Relatives, Two Generations Younger than Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Relatives, Three Generations Younger than Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unrelated Persons (e.g. tenant, friends, confinement lady, chauffeur)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please proceed to Item C.



**SINGAPORE DEPARTMENT OF STATISTICS  
CENSUS OF POPULATION 2010  
(STATISTICS ACT, CHAPTER 317)  
Household Form**



### C. Parents of Household Member

Please identify the parents of each household member. If the father/mother is not living with the household, please tick "N.A.". Please enter the Form ID if more than 1 Household Form is used.

Father of	Person No.									Form ID	Mother of	Person No.									Form ID	
	1	2	3	4	5	6	7	8	NA			1	2	3	4	5	6	7	8	NA		
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Person 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Person 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Person 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Person 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Person 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Person 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

For household(s) with persons aged 15 and above, please proceed to Item D. Otherwise, go to Item E.

### D. Spouse of Household Member

Please identify the spouse/partner of each household member. If the member does not have a spouse or the spouse is not living with the household, please tick "N.A.". Please enter the Form ID if more than 1 Household Form is used.

Spouse of	Person No.									Form ID
	1	2	3	4	5	6	7	8	NA	
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please proceed to Item E.

### E. Tenancy of Present Dwelling

Does the household own this house/flat?

- Yes, house/flat is owned and fully paid for  
 Yes, house/flat is owned, with outstanding housing loan  
 No, house/flat is rented  
 No, house/flat is provided free by employer  
 No, house/flat is provided free by relatives/friends/others

Please proceed to fill up the Individual Form for each household member.

**Please check that all the relevant questions have been answered.**

**Kindly proceed to fill up the Individual Form for every member that was entered in Item A of this form.**

Please sign this declaration upon completion of the Household Form and Individual Form(s):

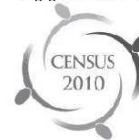
I declare that the information I have supplied is true and given to the best of my knowledge.

Name
Signature

Home Tel	
Office Tel	ext
Handphone	



**SINGAPORE DEPARTMENT OF STATISTICS  
CENSUS OF POPULATION 2010  
(STATISTICS ACT, CHAPTER 317)  
Individual Form**



HOUSE REF NO.

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**CONFIDENTIAL**

- 1) This Individual Form must be filled in for every member listed in the Household Form.  
 2) Absentee Members refer to:  
 a) Persons whose location of employment or course of study is overseas. The duration of the job or course should be 12 months or more; or  
 b) Persons who are not working or studying but have been staying or intend to stay abroad for 12 months or more.  
 For such persons, please fill in only Items 1-9 and Item 34 onwards of this form.

**1. Name**

**2. Identification Number (NRIC/BC/FIN)**

**3. Sex**

- Male       Female

**4. Date of Birth**

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**5. Ethnic/Dialect Group**

- |  |                                   |                                     |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Hokkien             | <input type="checkbox"/> Malay    | <input type="checkbox"/> Caucasian  |
| <input type="checkbox"/> Teochew             | <input type="checkbox"/> Javanese | <input type="checkbox"/> Filipino   |
| <input type="checkbox"/> Cantonese           | <input type="checkbox"/> Boyanese | <input type="checkbox"/> Eurasian   |
| <input type="checkbox"/> Hakka (Khak)        | <input type="checkbox"/> Tamil    | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Hainanese           | <input type="checkbox"/> Sikh     | <input type="checkbox"/> Japanese   |
| <input type="checkbox"/> Others, pls specify |                                   |                                     |

**6. Marital Status**

- Single       Married       Widowed  
 Divorced       Separated

**7. Identification Type**

- Singapore Citizen       S Pass  
 Singapore PR       Work Permit  
 Employment Pass       Others, pls specify

**8. Citizenship**

- Singapore Citizen       Malaysian       Chinese (PRC)  
 Indian       Indonesian  
 Others, pls specify

**9. Country of Birth**

- Singapore       Malaysia       China  
 India       Indonesia  
 Others, pls specify

- ▶ If this person is aged below 2, end and proceed to the next member.  
 ▶ If this person is a female Singapore Citizen or PR aged 15 and above, please proceed to Item 10.  
 ▶ If this person is an Absentee Member, i.e. overseas for 12 months or more, go to Item 34. Otherwise, go to Item 11.

**10. If this person is a female Singapore Citizen or PR aged 15 and above, how many children has she ever given birth to?**

**11. What language or dialect does this person speak most frequently at home?**

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> English                            | <input type="checkbox"/> Malay                             | <input type="checkbox"/> Mandarin  |
| <input type="checkbox"/> Hokkien                            | <input type="checkbox"/> Teochew                           | <input type="checkbox"/> Cantonese |
| <input type="checkbox"/> Other Chinese dialect, pls specify |  |                                    |
| <input type="checkbox"/> Tamil                              | <input type="checkbox"/> Other Indian dialect, pls specify |                                    |
| <input type="checkbox"/> Unable to speak/Too young to speak | <input type="checkbox"/> Others, pls specify               |                                    |

- ▶ If this person is aged 15 and above, please proceed to Item 12. Otherwise, go to Item 13.

**12. What language(s) is this person able to read in?**

(Please select all that is applicable, up to a maximum of 8 languages.)

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> English                        | <input type="checkbox"/> Malay |
| <input type="checkbox"/> Chinese                        | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Unable to read in any language |                                |
| <input type="checkbox"/> Other language(s), pls specify |                                |

**13. What is this person's current economic activity status?**

- Fully engaged in work (include serving National Service) - Go to Item 15  
 Schooling but currently working in a vacation job  
 Working while awaiting examination results - Go to Item 15  
 Engaged in work while schooling  
 Not working but actively looking for work and is available for work - Go to Item 15  
 Full-time student/Schooling only  
 None of the above - Go to Item 15

- ▶ If this person is aged below 5, end and proceed to the next member.

- ▶ If this person is schooling and aged 5 years and above, please proceed to Item 14. Otherwise, go to Item 15.

**14. If this person is schooling,**

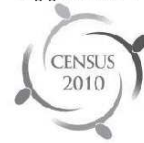
what level of Formal Education is this person attending now?

- Pre-Primary  
 Primary  
 Secondary e.g. See 1-5, ITE Skills Certificate Courses  
 Post-Secondary (Non-tertiary) e.g. Pre-U, JC, Nitec/Higher Nitec/Master Nitec Courses  
 Polytechnic Diploma Courses  
 Courses Leading to Professional Qualification and Other Diploma e.g. ITE Diploma, ACCA, CFA, SIM Diploma  
 University First Degree Courses  
 University Postgraduate Diploma/Degree Courses

- ▶ If this person is a full-time student/schooling only, go to Item 30. Otherwise, proceed to Item 15.



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**15.** If this person is **not** a Full-time student/Schooling only, what is this person's Highest Academic Grade Passed or Qualification Attained?

- Did not pass PSLE or equivalent
- Primary i.e. passed PSLE or equivalent
- Secondary, without any GCE 'N'/'O' level pass
- Secondary, with at least 1 GCE 'N'/'O' level pass, ITE Certificate of Competency, NTC Grade 3 or equivalent
- Post Secondary (Non-tertiary), with at least 1 GCE 'A' level pass, ITE Certificate in Office Skills, ITE Certificate in Business Studies, NTC Grade 1, NTC Grade 2, ITC, Nitec/Higher Nitec/Master Nitec or equivalent
- Polytechnic Diploma
- Professional Qualification or Other Diploma e.g. ITE diploma, ACCA, CFA, SIM Diploma, NIE Diploma
- University (First Degree)
- University Postgraduate Qualification, including post-graduate diploma

▶ *If this person is a Diploma/Polytechnic/University graduate, please proceed to Item 16. Otherwise, go to Item 17.*

**16.** If this person is a Diploma/Polytechnic/University graduate (including Masters/Doctorate),

a) What is the major field of study of his/her Highest Qualification?

b) Where did this person obtain his/her Highest Qualification?

- Singapore
- Australia
- United Kingdom
- United States of America
- China
- India
- Others, pls specify

**17.** Has this person ever obtained any other Vocational or Skills certificates/qualifications?

(e.g. Workforce Skills Qualification (WSQ), Employability Skills System (ESS) certificates, WSQ Advanced Certificate, Diploma, Specialist Diploma, Graduate Certificate, Graduate Diploma)

- Yes       No

▶ *If yes, please proceed to Item 18.*  
▶ *If no, and this person is working, go to Item 19. Otherwise, go to Item 26.*

**18.** If this person has ever obtained other Vocational or Skills certificates/qualifications,

a) What is the Type of Certificate/Qualification obtained? Please state the certificate/qualification that is of the **highest level** if person has obtained more than one certificate/qualification.

b) What is his/her Field of Study?

c) From which Educational Institution did this person obtain his/her Certificate/Qualification?

▶ *If this person is working, please proceed to Item 19. Otherwise, go to Item 26.*

**19.** If this person is working, what was this person's Employment Status last week?

- Employee (include serving full-time National Service)
- Employer (i.e. operate own business or trade with paid worker)
- Own Account Worker (i.e. operate own business or trade without employing any paid worker)
- Contributing Family Worker (helping in family business)

**20.** For working persons,

a) What is the Name of the firm/organization this person currently works in?

b) What is the Main Business/Activity this person's firm is engaged in and Main Products/Services produced/provided?

Main Business/Activity

Main Products/Services

c) What is this person's Occupation or Kind of Work? (e.g. Primary school teacher, Audit clerk, Electrician)

d) What are this person's main Tasks/Duties? (e.g. Teach science at primary school; Ensure all documents are properly prepared and documented for audit purposes; Install, maintain and repair electrical telephone wiring)



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**21.** Was this person working full-time, part time or serving full-time National Service last week?

- Working Full-time
- Working Part-time (i.e. work less than 35 hours a week)
- Full-time National Service

▶ *If this person is working full-time or part-time, please proceed to Item 22. Otherwise, go to Item 24.*

**22.** What is this person's usual hours worked per week? (including paid and unpaid hours)

hours

▶ *If this person has worked for less than 35 hours a week, please proceed to Item 23. Otherwise, go to Item 24.*

**23.** If this person has worked for less than 35 hours a week,

a) Is this person willing to work additional hours?

- Yes       No

b) Is this person available for additional work?

- Yes       No

**24.** What was this person's gross monthly income from work last month (excluding bonus/13<sup>th</sup> month pay)?

SS .00

**25.** How much bonus did this person receive during the last 12 months (including 13<sup>th</sup> month pay)?

months      OR      SS .00

▶ *If this person is present in Singapore or overseas for less than 6 months, go to Item 30.*

▶ *If no, and this person is aged 15 and above, go to Item 32. Otherwise, end and proceed to the next member.*

**26.** If this person is not working and not schooling, has this person ever worked before?

- Yes       No

▶ *If "Current economic activity status = (Not working but actively looking for work and is available for work)" in Item 13, please proceed to Item 27. Otherwise, go to Item 29.*

**27.** If this person is not working but actively looking for work and is available for work,

a) Is this person available to start work in the next 2 weeks?

- Yes       No

b) Has this person taken any action to look for work in the last 4 weeks?

- Yes       No

▶ *If this person is available to start work in the next 2 weeks and has taken action to look for work in the last 4 weeks, please proceed to Item 28. Otherwise, go to Item 29.*

**28.** If this person is available to start work in the next 2 weeks and has taken action to look for work in the last 4 weeks, what action has this person taken to look for work in the last 4 weeks?

- |  |  |
|--|--|
| <input type="checkbox"/> Registered with employment service or agency e.g. WDA | <input type="checkbox"/> Registered for jobs at job fairs        |
| <input type="checkbox"/> Answered advertisements/ wrote to firms               | <input type="checkbox"/> Used the internet to search for jobs    |
| <input type="checkbox"/> Asked friends or relatives                            | <input type="checkbox"/> Made preparations to start own business |
| <input type="checkbox"/> Others, pls specify                                   |  |

▶ *If this person is aged 15 and above, go to Item 32. Otherwise, end and proceed to the next member.*

**29.** What is the main reason for not working or not looking for a job now?

- |   |  |
|---|--|
| <input type="checkbox"/> Awaiting NS call-up/examination results            | <input type="checkbox"/> Too old   |
| <input type="checkbox"/> Attending part-time courses                        | <input type="checkbox"/> Permanently ill/disabled                                      |
| <input type="checkbox"/> Training without pay                               | <input type="checkbox"/> Retired   |
| <input type="checkbox"/> Housework  | <input type="checkbox"/> Have sufficient financial support/means                       |
| <input type="checkbox"/> Childcare  | <input type="checkbox"/> Believes no suitable work available                           |
| <input type="checkbox"/> Care-giving to families/relatives                  | <input type="checkbox"/> Employers' discrimination (e.g. prefer younger workers)       |
| <input type="checkbox"/> Care-giving to other persons who are not relatives | <input type="checkbox"/> Lacks necessary qualification, training, skills or experience |
| <input type="checkbox"/> Doing voluntary/ community work                    | <input type="checkbox"/> Taking a break  |
| <input type="checkbox"/> Poor health  | <input type="checkbox"/> Others, pls specify   |

▶ *If this person is aged 15 and above, go to Item 32. Otherwise, end and proceed to the next member.*

**30.** If this person is schooling or working, how does this person usually travel to school/work?

- Transport required (You may select up to a maximum of 4 modes)
 

<input type="checkbox"/> Public Bus	<input type="checkbox"/> Private chartered bus/van	<input type="checkbox"/> Car
<input type="checkbox"/> MRT	<input type="checkbox"/> LRT	<input type="checkbox"/> Motorcycle/ Scooter
<input type="checkbox"/> Taxi	<input type="checkbox"/> Lorry/Pickup	<input type="checkbox"/> Bicycle
<input type="checkbox"/> Other modes, pls specify		
- Walk only
- Work/study from home

▶ *If transport is required, please proceed to Item 31.*

▶ *If transport is not required, and this person is aged 15 and above, go to Item 32. Otherwise, end and proceed to the next member.*

**31.** For those who do not work/study from home, what is the usual travelling time to work/school?

minutes

▶ *If this person is aged 15 and above, please proceed to Item 32. Otherwise, end and proceed to the next member.*



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**32.** What is this person's religion?

- No Religion
- Buddhism
- Taoism/Chinese Traditional Beliefs
- Islam
- Hinduism
- Sikhism
- Christianity, Roman Catholic
- Christianity, other denomination, pls specify
- Others, pls specify

▶ *If this person aged 65 and above, please proceed to Item 33. Otherwise, end and proceed to the next member.*

**33.** If this person is aged 65 and above,

- a) Can this person move about in the house without help?
- Yes, able to move about independently
- No, able to move about with help such as walking aids or when supported
- No, not able to move
- b) What is the main source of financial support for this person?
- Allowances given by children staying in the same house
- Allowances given by children staying elsewhere in Singapore
- Allowances given by children staying overseas
- Allowances given by spouse
- Allowances given by relatives or friends
- Income from employment/business
- Savings/Interest earned
- Income from rental/dividends/annuity/trusts
- CPF withdrawals (e.g. CPF Life)
- Contributions from charitable organizations/public assistance
- Other sources

**For Absentee Member**

*This section should be filled up for persons whose location of employment or course of study is overseas. The duration of the overseas job or course should be 12 months or more.*

*It also includes persons who are not working or studying but have been staying or intend to stay abroad for at least 12 months.*

**34.** Where is this person currently residing in?

- Australia       Malaysia       India
- United States of America       United Kingdom       Canada
- China       Indonesia       Others, pls specify

**35.** What is this person's reason for living abroad?

- Studying       Working       Others (e.g. staying with related persons overseas)

▶ *If this person is not studying and is aged 15 and above, please proceed to Item 36. Otherwise, end and proceed to the next member.*

**36.** What is this person's Highest Grade Passed or Qualification Attained?

- Did not pass PSLE or equivalent
- Primary i.e. passed PSLE or equivalent
- Secondary, without any GCE 'N'/'O' level pass
- Secondary, with at least 1 GCE 'N'/'O' level pass, ITE Certificate of Competency, NTC Grade 3 or equivalent
- Post Secondary (Non-tertiary), with at least 1 GCE 'A' level pass, ITE Certificate in Office Skills, ITE Certificate in Business Studies, NTC Grade 1, NTC Grade 2, ITC, Nitec/Higher Nitec/Master Nitec or equivalent
- Polytechnic Diploma
- Professional Qualification or Other Diploma e.g. ITE Diploma, ACCA, CFA, SIM Diploma, NIE Diploma
- University (First Degree)
- University Postgraduate Qualification, including post-graduate diploma

**Please check that all relevant questions have been answered.  
Thank You for completing the CENSUS form.**

Remarks