

FORM A STRICTLY CONFIDENTIAL

CENSUS OF POPULATION OF

CENSUS DAY—SUNDAY, 18 APR

THIS RETURN MAY BE MADE IN IRISH OR ENGLISH. THE FORM IN IRISH IS ON THE OTHER SIDE. BEFORE ANSWERING EACH QUESTION PLEASE READ IT CAREFULLY AS WELL AS THE NOTE REFERRING TO IT ON THE ACCOMPANYING LEAFLET. A SEPARATE FORM SHOULD BE FILLED IN FOR EACH HOUSEHOLD. IF ONE FORM IS NOT SUFFICIENT, PLEASE ASK FOR ANOTHER. PLEASE KEEP THE COMPLETED FORM CAREFULLY. IT WILL BE CALLED FOR BY THE OFFICIAL ENUMERATOR AS SOON AS POSSIBLE AFTER CENSUS DATE.

THE INFORMATION GIVEN ON THIS FORM WILL BE TREATED AS CONFIDENTIAL AND WILL NOT BE REVEALED TO ANY UNAUTHORIZED PERSON.

CENTRAL STATISTICS OFFICE, DUBLIN.

Table with 10 rows and 9 columns: NAME AND SURNAME, SEX, RELATIONSHIP TO HEAD OF HOUSEHOLD, USUAL RESIDENCE, USUAL RESIDENCE ONE YEAR AGO, PLACE OF BIRTH, DATE OF BIRTH (Day, Month, Year), MARRIAGE, and TOWN OR VILLAGE. Includes instructions for each column.

Please use one line for each person. If there are more than ten persons, a second form should be used.

THE FOLLOWING QUESTIONS SHOULD BE ANSWERED IN RESPECT OF EACH PRIVATE HOUSEHOLD AND OF THE HOUSE, FLAT OR ROOMS OCCUPIED

19 AGRICULTURAL HOLDINGS. Area in Statute acres. Valuation (Land and buildings) £.....

21 RENT (For categories 1, 2 and 3 of Question 20). If the house, flat or rooms are rented, state the rent (inclusive of rates and ground rent) and strike out periods which do not apply.

20 NATURE OF OCCUPANCY OF HOUSE, FLAT OR ROOMS. Insert X opposite whichever term applies. Rented from Local Authority, Rented unfurnished, Rented furnished, Being acquired from Local Authority, Owner occupied, Occupied free of rent.

22 YEAR IN WHICH HOUSE WAS BUILT. Indicate the period in which the house or other building containing the dwelling was built by inserting X in the appropriate box. Before 1860, Between 1860 and 1899 inclusive, Between 1900 and 1918 inclusive, Between 1919 and 1940 inclusive, Between 1941 and 1960 inclusive, 1961 or after.

# POPULATION OF IRELAND, 1971

WEDNESDAY—SUNDAY, 18 APRIL, 1971

THIS FORM WILL BE TREATED AS STRICTLY CONFIDENTIAL AND NOT TO BE REVEALED TO ANY UNAUTHORISED PERSON

CENTRAL STATISTICS OFFICE, DUBLIN.

To be filled in by the Official Enumerator

**A** County or Co. Borough.....  
D.E.D. or Ward.....  
Townland.....  
Town.....  
Street, etc., and number of house.....

**B** Private.....  
\*Non-private.....  
\*Name.....

AGE OF BIRTH	MARRIAGE If 14 years of age or over, write "Single", "Married" or "Widowed", as appropriate. If under 14 years of age, write "Child".	TO BE COMPLETED FOR EACH MARRIED WOMAN ONLY		RELIGION State particular denomination.	ABILITY TO SPEAK THE IRISH LANGUAGE Write "Irish only", "Irish and English", "Read but cannot speak Irish", or leave blank, as appropriate. (See notes)	TRANSPORT TO WORK OR SCHOOL At (a), state the usual means of transport to work or school. At (b), state, to the nearest mile, the distance from residence to work or school. If the person walks to work or school, or works at home, write "None" at (a). (See notes)
		MONTH AND YEAR OF PRESENT MARRIAGE	NUMBER OF CHILDREN BORN ALIVE TO PRESENT MARRIAGE If none, write "None".			
7	8	9		11	12	13
Month Year	Month Year	Month Year			(a) ..... (b) .....	
					(a) ..... (b) .....	1
					(a) ..... (b) .....	2
					(a) ..... (b) .....	3
					(a) ..... (b) .....	4
					(a) ..... (b) .....	5
					(a) ..... (b) .....	6
					(a) ..... (b) .....	7
					(a) ..... (b) .....	8
					(a) ..... (b) .....	9
					(a) ..... (b) .....	10

TO BE COMPLETED FOR EACH PERSON		
PRINCIPAL OCCUPATION If usually working for payment or profit even if at present out of work, state here the usual principal occupation, giving a full description. For other persons, write, as appropriate, "Home duties", "At school" (primary, secondary or vocational), "Student" (Medical, Law, etc.), "Not yet at work", etc. (See notes)	EMPLOYMENT STATUS If usually working for payment or profit, state whether "Employee", "Assisting relative", "Self employed, employs others" or "Self employed, without employees". If at present out of work, write "Out of work".	EMPLOYER AND EMPLOYED BY If an employee, state name or public body), address, business carried on by employer. If self employed, state name of business. If a farmer, state the area of farm on which working. If a farm worker, state the name of employer. If out of work, state name of last employer.
14	15	

HOUSE, FLAT OR ROOMS OCCUPIED BY THAT HOUSEHOLD. These questions need not be answered in respect of private households living in caravans or other mobile dwellings.

Rates £ P per { week/month/year }  
from a Yes or No )

**23 ROOMS**  
State the number of rooms occupied by the household (including kitchen but excluding kitchenette, scullery, bathroom, toilet, consulting room, office or shop). .....

**24 WATER SUPPLY**  
Insert X opposite whichever term applies.  
Water tap, inside the building, connected to public main..... 1  
Water tap, outside the building only, connected to public main..... 2  
Water tap, inside the building, connected to private source..... 3  
Water tap, outside the building only, connected to private source..... 4  
No piped water supply..... 5

**25 BATH OR SHOWER**  
Has the household the use of a fixed bath or shower? (write "Yes" or "No").....  
If "Yes", is this bath or shower shared with another household? (write "Yes" or "No").....

**26 SANITARY FACILITIES**  
Insert X opposite whichever term applies.  
Flush toilet.....  
Chemical closet.....  
Dry closet.....  
No toilet or closet.....  
Is the toilet or closet inside the building? (write "Yes" or "No").....  
Is the toilet or closet shared with another household? (write "Yes" or "No").....

**27 ELECTRICITY**  
Is an electricity supply laid on to the dwelling? (write "Yes" or "No").....

**28 MOTOR CARS**  
State how many motor cars, taxed as private vehicles, are used exclusively by persons usually resident in the household. (Include company cars kept at home). If none, write "None". .....

When the dwelling was built by inserting.....  
1919 and 1940 inclusive..... 4  
1941 and 1960 inclusive..... 5  
After 1960..... 6

To be filled in by the Official Enumerator

.....  
.....  
.....  
.....

**B**

Private household

1  
 2

\*Non-private household

\*Name (if any).....

To be filled in by the Official Enumerator

**C**

Number of persons in household

Persons.....

Males.....

Females.....

**D**

Schedule

Number

.....

### TO BE COMPLETED FOR EACH PERSON AGED 14 YEARS OR OVER

15 EMPLOYMENT STATUS usually working for employment or profit, state whether "Employee", "Assisting relative", "Self-employed", "Self-employed, without employees", "Present out of work", or "Out of work".	16 EMPLOYER AND EMPLOYER'S BUSINESS If an employee, state name of employer (person, firm, company or public body), address of place of work and nature of business carried on by employer. If self employed, state nature of business in which engaged. If a farmer, state the area and total rateable valuation of the farm on which working. If a farm worker, state the area of the farm on which working. If out of work, state name, address and nature of business of last employer. (See notes)	17 FULL-TIME EDUCATION RECEIVED If the person attended the following types of school or college full-time, state the number of years in each case. If the person did not attend, write "None". (See notes)			18 SCIENTIFIC OR TECHNOLOGICAL QUALIFICATIONS If the person has such qualifications, state at (a) the qualifications held and at (b) the main subject(s) in which held. (See notes)	
		State age at which full-time education ended. (See notes)	Secondary	Vocational, Technical or Commercial		University or Higher Technical
					(a) ..... (b)	
					(a) ..... (b)	
					(a) ..... (b)	
					(a) ..... (b)	
					(a) ..... (b)	
					(a) ..... (b)	
					(a) ..... (b)	
					(a) ..... (b)	
					(a) ..... (b)	
					(a) ..... (b)	
					(a) ..... (b)	

Travellers' caravans or other mobile dwellings.

.....  
.....  
.....  
.....

I declare that this return is correct and complete to the best of my knowledge and belief.

.....  
Signature of Head of Household or other person responsible for making the return

I hereby certify that this return is correct and complete to the best of my knowledge and belief.

.....  
Signature of Official Enumerator

.....  
(write "Yes" or "No").....

.....  
old? (write "Yes" or "No").....

.....  
(write "Yes" or "No").....

.....  
Travellers' caravans, are used for the household, write "None".

For official use