



1991 Census Northern Ireland I form for making an individual return

Please complete this form and have it ready for collection on Monday 22nd April.

Completion of the form is compulsory under the Census Act (Northern Ireland) 1969. If you refuse to complete it, or give false information, you may have to pay a fine of up to £400.

There is no penalty for refusing to state religious denomination as this is a voluntary question.

Your answers will be treated in strict confidence and used only to produce statistics.

No names and addresses will be put into the computer; only the postcode will be entered. The forms will be kept securely and treated as **confidential**.

No information about named individuals will be passed by the Census Office to any other Government Department or to any other authority or person. Anyone using or disclosing Census information improperly will be liable to prosecution.

After completing the form, please sign the declaration on the last page.

Thank you for your co-operation.

R McMurray
Registrar General

Enquiries to:-

Census Office
Department of
Health and Social Services
Castle Buildings
Stormont
BELFAST BT4 3RA
Telephone Belfast 763939

To be completed
by the
Enumerator

E.D. No.

Form No.

Format No.

Person No.

To be completed by the Manager, Commanding Officer,
Chief Resident Officer, or other person in charge of the
establishment or vessel.

Name of Establishment or Vessel

Address

Postcode

To be completed by or for the Individual

Please answer questions by ticking the appropriate box or boxes where they are provided.
Please use ink or ballpoint pen.

1 Name

Please write in your name and surname (BLOCK CAPITALS).
For a baby who has not yet been given a name, write BABY
and the surname.

2 Sex

Please tick the appropriate box.

Male 1

Female 2

3 Date of birth

Please write in the day, month and year of birth.

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

4 Marital status

On the 21st April what is your marital status?

If separated but not divorced, please tick 'Married (first
marriage)' or 'Re-married' as appropriate.

Please tick one box.

Single (never married) 1

Married (first marriage) 2

Re-married 3

Divorced
(decree absolute) 4

Widowed 5

5 Position in establishment

Please write in your position in this establishment.
For example, write 'Guest'; 'Patient'; 'Inmate'; 'Staff';
'Student'; 'Boarder'.
If you are completing the form in a private household, your
relationship to the person making the return for the rest of the
household should be stated.

6 Whereabouts on night of 21-22 April 1991

7 Married, widowed, separated and divorced women

a - enter in Box 1 the total number of children born alive to
you.

b - enter in Box 2 how many of these children were born alive
to you after 21st April 1990.

Not applicable to this form

a Number of children 1

b Number of children 2

8 Usual address

If you usually live here, please tick 'This address'.
If not, tick 'Elsewhere' and write in your usual address.

If you are a student or a schoolchild away from home during
term time, your home address should be taken as your usual
address.

If you live away from home for part of the week, your home
address should be taken as your usual address.

This address 1
Elsewhere 2

If 'Elsewhere', please write your
usual address and postcode below in
BLOCK CAPITALS

Post-
code

Please turn over →

18 Name and business of employer (if self-employed give the name and nature of business)

At a, please give the name of your employer. Give the trading name if one is used. Do not use abbreviations.

At b, describe clearly what your employer (or yourself if self-employed) makes or does (or did).

Armed Forces—write 'Armed Forces' at a and leave b blank. For a member of the Armed Forces of a country other than the UK—add the name of the country.

Civil Servants—give name of Department at a and write 'Government Department' at b.

Other Public Officials—give name of employing authority at a and department in which employed at b.

a Name of employer

b Description of employer's business

19 Address of place of work

Please give the full address of your place of work. If employed on a site for a long period, give the address of the site.

If not working regularly at one place but reporting daily to a depot or other fixed address, give that address.

If not reporting daily to a fixed address, tick box 1.

If working mainly at home, tick box 2.

Armed Forces—leave blank.

Please write full address and postcode of workplace below in BLOCK CAPITALS

Postcode

No fixed place 1

Mainly at home 2

20 Daily journey to work

Please tick the appropriate box to show how the longest part, by distance, of your daily journey to work is normally made.

If using different means of transport on different days, show the means most often used.

Car or van includes three-wheeled cars and motor caravans.

- Yes Train 1
- Yes Public service bus 2
- Yes Employer's bus 3
- Yes Motor cycle, scooter, moped 4
- Yes Car or van-pool, sharing driving 5
- Yes Driving a car or van 6
- No Passenger in car or van 7
- No Pedal cycle 8
- No On foot 9
- No Other 10

please specify

Work mainly at home 11

21 Academic, professional and vocational qualifications

A. Please tick the appropriate boxes if you have obtained any of the qualifications listed aside.

- Degree level or higher 1
- BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND. 2
- GCE 'A' Level, Advanced Senior Certificate 3
- BTEC (National), TEC (National), BEC (National), ONC, OND. 4
- GCSE, GCE 'O' Level (including CSE Grade 1), Senior Certificate, BTEC (General), BEC (General) 5
- CSE (Other than Grade 1) 6
- No formal qualifications as above 7

B. Have you obtained professional or vocational qualifications such as nursing or teaching qualifications? If yes, please state qualifications held.

Declaration

This form is correctly completed to the best of my knowledge and belief.

Signature

Date

April 1991