

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.

Mummy

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	To be completed by the Manager, Commanding Officer, Chief Resident Officer, or other person in charge of the establishment or vessel.				
E.D. No.	Name of Esta	blishment	or Vessel	A CONTRACTOR OF THE CONTRACTOR	
Form No.	B.E.F. 071. 70	newse I see	X E 377 2 3 173	any tips: 571 kg on 209 P	
Format No.	Address				
Person No.	Person No. Postcode			, ,	
To be completed by or for					
Please answer questions by t Please use ink or ballpoint p	icking the appro en.	priate box o	or boxes www.	here they are provided.	
Please write in your name and For a baby who has not yet be and the surname.	surname (BLOCK) en given a name, wr	CAPITALS). ite BABY			
2 Sex Please tick the appropriate box			Ma		
Date of birth			Day Mo		
Please write in the day, month	and year of birth.				
On the 21st April what is your marital status? If separated but not divorced, please tick Murree (first marriage)' or 'Re-married' as appropriate.					
Please tick one box. 5 Position in establishmen				Widowed 5	
Please write in your position. For example, write 'Guest'; 'Student'; 'Boarder'. If you are completing the form relationship to the person male household should be stated.	n this establishmen Patient'; 'Inmate'; ' n in a private house	Staff'; hold, your			
6 Whereabouts on night of	21-22 April 1991		Not applica	able to this form	
a - enter in Box 1 the total nu you. b - enter in Box 2 how many to you after 21st April 1990.	mber of children bo	orn alive to	a Number of children b Number of children		
8 Usual address If you usually live here, pleas If not, tick 'Elsewhere' and y			This address Elsewhe	All the second of the second o	
If you are a student or a scho term time, your home addres address.	olchild away from h	nome during		ess and postcode below in	
If you live away from home for part of the week, your home address should be taken as your usual address.		Post- code			

If not a student or schoolchild, please tick first box.	This address 2 Elsewhere 3
If you are a student or schoolchild and you live here during term time, tick 'This address'.	If 'Elsewhere' please write your term time address and postcode below in BLOCK CAPITALS
If you do not live here during term time, tick 'Elsewhere' and write in the current or most recent term time address.	
Usual address one year ago	Postcode
If your usual address one year ago (on the 21st April 1990) was the same as your current usual address (given in answer to question 8), please tick 'Same'. If not, tick 'Different' and write in your usual	Same as Question 8 1 Different 2 Child under one 3 If 'Different', please write your address and postcode on
For a child born since the 21st April 1990, tick the 'Child under one'	the 21st April 1990 below in BLOCK CAPITALS
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	e toe day
38074	Postcode
Country of birth lease tick the appropriate box.	Northern Ireland 1 England 2
1 Single Vice married to the state of the st	Scotland 3 Wales 4 Republic of Ireland 5 Elsewhere 6
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and the denomination should be given as precisely as possible.	
none write NONE.	(in the second of the second
you have any long term liness, health problem or handicap	Yes, I have a health problem which limits activities 1
hich limits your daily activities or the work you can do?	I have no such health problem 2
Secretarian de la companya del companya de la companya del companya de la company	Signal with their county
This question is for all persons aged 3 or over (born before 22 A	Census Office If you are a nadon or a sono
n you speak, read or write Irish?	Can read Irish 2 2 4
ease tick the appropriate box(es).	Do not know Irish 0

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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).	Victor Planet the divings letter
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.	sues, and wai estation
Civil Servants—give name of Department at a and write 'Government Department' at b .	naholi sie voi
Other Public Officials—give name of employing authority at a and department in which employed at b .	
19 Address of place of work Please write full address and postcode of workplace bell BLOCK CAPITALS	ow in
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.	Assessed
Armed Forces—leave blank. Postcode	Sporani
No fixed place Mainly at home	=
Letter, as we have be a continue to the continue to the beat threat.	
Daily journey to work Public service bus	CARRY SALES
Please tick the appropriate box to show how the longest part, by distance, of your daily journey to work is normally made. Employer's bus Motor cycle, scooter, moped	4
If using different means of transport on different days, show the means most often used. Car or van-pool, sharing driving Driving a car or van Passenger in car or van	☐ 6 ☐ 7
Pedal cycle Car or van includes three-wheeled cars and motor caravans. On foot Other please specify	9 10
Work mainly at home	st vaco vodi
21 Academic, professional and vocational qualifications Degree level or higher	
A. Please tick the appropriate boxes if you have obtained any of the qualifications listed aside. BTEC (Higher), BEC (Higher), TEC (Higher), HNC, HND. GCE A' Level, Advanced Senior Certificate BTEC (National), TEC (National), BEC (National), ONC, OND.	2 3 4
GCSE, GCE 'O' Level (including CSE Grade 1), Senior Certificate, BTEC (General), BEC (General) CSE (Other than Grade 1)	□ 5 □ 6
B. Have you obtained professional or vocational qualifications such as nursing or teaching qualifications? If yes, please state qualifications held.	7 200
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Declaration	
This form is correctly completed to the best of my knowledge and belief. Signature Date April 19	estation, equities