



**1991 Census
NORTHERN IRELAND
L form for Communal
Establishments, HM Ships
or other vessels**

To the Manager, Chief Resident Officer, Commanding Officer or other person in charge of a communal establishment:

To the Captain, Master, Commanding Officer or other person in charge of a vessel or HM Ship:

I am seeking your help in conducting the Census. Under the Census Act (Northern Ireland) 1969 you have a legal obligation to list the names of the people in your establishment or on your vessel, to distribute forms to them and to collect the forms on completion. In a communal establishment you must also complete the 'type of establishment' panel. If you refuse to complete this form, or give false information, you may have to pay a fine of up to £400. The instructions opposite tell you what to do and should be followed carefully.

The Individual forms with which you have been supplied are for the returns to be made by or for each person who spends the night of **21-22 April** at this establishment or on board this vessel. To assist you in issuing and collecting the Individual forms, spaces have been provided overleaf for listing those people.

The answers given 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. No information about named individuals will be passed by the Census Office to any other Government Department or to any other authority or person. **The forms will be kept securely and treated as confidential.**

Anyone using or disclosing Census information improperly will be liable to prosecution. For example, it would be improper for you to pass on to someone else information which you have been given in confidence on, or for completion of, an Individual form.

Thank you for your co-operation.

R McMurray
Registrar General

Instructions

Listing of names

List the names of all people present, as instructed overleaf.

You may start drawing up the list in advance of Census day, but before collection or despatch you must bring it up to date.

Distribution

An Individual form (I form) must be completed for each person listed. Where a person is incapable of making a return, you must arrange for a form to be completed on his or her behalf.

Before you issue each form, enter the name of the establishment or vessel in the panel at top right hand corner on the front of the Individual form (a rubber stamp may be used).

Please issue an envelope to any person who wishes to make a return under sealed cover.

For communal establishments, please give the type of establishment below.

When you have completed this form please fill in and sign the declaration overleaf.

Collection of forms

Communal Establishments

Please have all the completed forms ready for collection by the Enumerator, who will call on Monday 22nd April or soon afterwards.

Vessels other than HM Ships

Please have all of the completed forms ready for collection by the Enumerator who will call on Monday 22nd April, or return them to the Enumerator in accordance with the instructions issued at delivery.

HM Ships

Please despatch the completed forms as soon as possible after 21st April to:

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

Telephone Belfast 763939

Communal establishments: type of establishment

Please give a full description of the type of establishment and if the establishment caters for a specific group or groups, please describe; for example, *mentally ill or handicapped, physically disabled, elderly, children, students, nurses.*

**Vessels or HM Ships only
To be completed by the Enumerator or Customs Officer**

Name of Vessel/HM Ship				
For vessels other than HM Ships: port of registry				
Place at which the form is delivered, that is: name of town or port and of harbour, dock, wharf, mooring etc.				
Name of master or person in charge of vessel				
E.D. No.	8	Form No.	Males	Females
FOR OFFICE USE ONLY				
E.T.	Planning Code	Grid Reference		

**Communal establishments only
To be completed by the Enumerator**

E.D. No.	8	Form No.	Males	Females
FOR OFFICE USE ONLY			Grid Reference	
E.T.	Planning Code			
District Council			Ward	
Name of Establishment				
Townland/Street				
Town/Village				
Postcode	B	T		

