

POPULATION CENSUS — MAY 12, 1991

INSTITUTIONAL QUESTIONNAIRE

IDENTIFYING NUMBER : CC 1 - 13

Country	Region	District	Settlement	Town/ Spec. Area	E.D. Number	Household Number	PN :
						9	

CC 14 - 15

NAME OF INSTITUTION.....

ADDRESS OF INSTITUTION.....

PERSON NUMBER	NAME	SEX	DATE OF BIRTH/ AGE	ETHNIC ORIGIN	PLACE OF BIRTH
C		19	20 - 21	22	23
01		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Day Month Year Age <input type="text"/>	1 <input type="checkbox"/> African 2 <input type="checkbox"/> Indian 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not Stated	1 <input type="checkbox"/> This Country 2 <input type="checkbox"/> Abroad 9 <input type="checkbox"/> Not Stated
02		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Day Month Year Age <input type="text"/>	1 <input type="checkbox"/> African 2 <input type="checkbox"/> Indian 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not Stated	1 <input type="checkbox"/> This Country 2 <input type="checkbox"/> Abroad 9 <input type="checkbox"/> Not Stated
03		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Day Month Year Age <input type="text"/>	1 <input type="checkbox"/> African 2 <input type="checkbox"/> Indian 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not Stated	1 <input type="checkbox"/> This Country 2 <input type="checkbox"/> Abroad 9 <input type="checkbox"/> Not Stated
04		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Day Month Year Age <input type="text"/>	1 <input type="checkbox"/> African 2 <input type="checkbox"/> Indian 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not Stated	1 <input type="checkbox"/> This Country 2 <input type="checkbox"/> Abroad 9 <input type="checkbox"/> Not Stated
05		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Day Month Year Age <input type="text"/>	1 <input type="checkbox"/> African 2 <input type="checkbox"/> Indian 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not Stated	1 <input type="checkbox"/> This Country 2 <input type="checkbox"/> Abroad 9 <input type="checkbox"/> Not Stated