



STATE  
DEPARTMENT  
FOR STATISTICS  
OF GEORGIA

FORM N1  
Approved by the SDS of Georgia  
Order N19  
dated 02.02.2001

Please, use the mark - ☒ for answers

# GENERAL CENSUS OF GEORGIAN POPULATION 2002

## LIST OF PERSONS LIVING IN THE DWELLING AND THEIR LIVING CONDITIONS

Census Section N  Instruction Station N  Census Station N  Dwelling list N  Blank N

Autonomous Republic, Mkhare .....

Village (community) Sakrebulo .....

Region .....

Village .....

Town, settlement .....

Establishment .....

Address .....

.....

### I. THE LIST OF PERSONS LIVING IN THE DWELLING

Serial N		Last Name, First Name, Patronymic	Temporary absent	Temporary resident	Temporary absence and temporary residence		
Within dwelling	Within household				Cause		Duration (months)
1	2	3	4	5	6		7
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>		<input type="checkbox"/>	<input type="text"/> <input type="text"/>

## II. LIVING CONDITIONS OF THE POPULATION (questions for households)

SERIAL N OF THE FIRST PERSON IN THE HOUSEHOLD WITHIN DWELLING	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	NO 1 <input type="checkbox"/>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	NO 1 <input type="checkbox"/>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	NO 1 <input type="checkbox"/>
1S. DATE OF BUILDING (THE DWELLING WAS BUILT)	Before 1921	1 <input type="checkbox"/>	Before 1921	1 <input type="checkbox"/>	Before 1921	1 <input type="checkbox"/>
	1921-1940	2 <input type="checkbox"/>	1921-1940	2 <input type="checkbox"/>	1921-1940	2 <input type="checkbox"/>
	1941-1970	3 <input type="checkbox"/>	1941-1970	3 <input type="checkbox"/>	1941-1970	3 <input type="checkbox"/>
	1971-1990	4 <input type="checkbox"/>	1971-1990	4 <input type="checkbox"/>	1971-1990	4 <input type="checkbox"/>
	In 1991and after	5 <input type="checkbox"/>	In 1991and after	5 <input type="checkbox"/>	In 1991and after	5 <input type="checkbox"/>
2S. TYPE OF DWELLING	Individual housing	1 <input type="checkbox"/>	Individual housing	1 <input type="checkbox"/>	Individual housing	1 <input type="checkbox"/>
	Part of individual housing	2 <input type="checkbox"/>	Part of individual housing	2 <input type="checkbox"/>	Part of individual housing	2 <input type="checkbox"/>
	Separate apartment	3 <input type="checkbox"/>	Separate apartment	3 <input type="checkbox"/>	Separate apartment	3 <input type="checkbox"/>
	Shared apartment	4 <input type="checkbox"/>	Shared apartment	4 <input type="checkbox"/>	Shared apartment	4 <input type="checkbox"/>
	Hostel (for workers, students)	5 <input type="checkbox"/>	Hostel (for workers, students)	5 <input type="checkbox"/>	Hostel (for workers, students)	5 <input type="checkbox"/>
	Other institutional establishment	6 <input type="checkbox"/>	Other institutional establishment	6 <input type="checkbox"/>	Other institutional establishment	6 <input type="checkbox"/>
	Hotel, rest-home, etc.	7 <input type="checkbox"/>	Hotel, rest-home, etc.	7 <input type="checkbox"/>	Hotel, rest-home, etc.	7 <input type="checkbox"/>
	Other dwelling	8 <input type="checkbox"/>	Other dwelling	8 <input type="checkbox"/>	Other dwelling	8 <input type="checkbox"/>
	No habitable house used to live	9 <input type="checkbox"/>	No habitable house used to live	9 <input type="checkbox"/>	No habitable house used to live	9 <input type="checkbox"/>
3S. TYPE OF OWNERSHIP OF DWELLING	Personal of household (or any of household members)	1 <input type="checkbox"/>	Personal of household (or any of household members)	1 <input type="checkbox"/>	Personal of household (or any of household members)	1 <input type="checkbox"/>
	State property	2 <input type="checkbox"/>	State property	2 <input type="checkbox"/>	State property	2 <input type="checkbox"/>
	Property of flat constructing company (former cooperative)	3 <input type="checkbox"/>	Property of flat constructing company (former cooperative)	3 <input type="checkbox"/>	Property of flat constructing company (former cooperative)	3 <input type="checkbox"/>
	Other form of property	4 <input type="checkbox"/>	Other form of property	4 <input type="checkbox"/>	Other form of property	4 <input type="checkbox"/>
	Rent dwelling from individual citizen	5 <input type="checkbox"/>	Rent dwelling from individual citizen	5 <input type="checkbox"/>	Rent dwelling from individual citizen	5 <input type="checkbox"/>
	Homeless	6 <input type="checkbox"/>	Homeless	6 <input type="checkbox"/>	Homeless	6 <input type="checkbox"/>
4S. NUMBER OF HABITABLE ROOMS OCCUPIED BY HOUSEHOLD	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	PART OF ROOM 1 <input type="checkbox"/>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	PART OF ROOM 1 <input type="checkbox"/>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	PART OF ROOM 6 <input type="checkbox"/>
5S. FLOOR AREA (SQUARE METER)	TOTAL	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	TOTAL	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	TOTAL	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
	HABITABLE	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	HABITABLE	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	HABITABLE	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
6S. FACILITIES OF DWELLING	Electricity	1 <input type="checkbox"/>	Electricity	1 <input type="checkbox"/>	Electricity	1 <input type="checkbox"/>
	Natural gas	2 <input type="checkbox"/>	Natural gas	2 <input type="checkbox"/>	Natural gas	2 <input type="checkbox"/>
	Bottled gas	3 <input type="checkbox"/>	Bottled gas	3 <input type="checkbox"/>	Bottled gas	3 <input type="checkbox"/>
	Heating:		Heating:		Heating:	
	(a). Central heating	4 <input type="checkbox"/>	(a). Central heating	4 <input type="checkbox"/>	(a). Central heating	4 <input type="checkbox"/>
	(b). Own boiler	5 <input type="checkbox"/>	(b). Own boiler	5 <input type="checkbox"/>	(b). Own boiler	5 <input type="checkbox"/>
	(c). Stove heating	6 <input type="checkbox"/>	(c). Stove heating	6 <input type="checkbox"/>	(c). Stove heating	6 <input type="checkbox"/>
	Piped water	7 <input type="checkbox"/>	Piped water	7 <input type="checkbox"/>	Piped water	7 <input type="checkbox"/>
	Sewerage	8 <input type="checkbox"/>	Sewerage	8 <input type="checkbox"/>	Sewerage	8 <input type="checkbox"/>
	Bathroom or shower	9 <input type="checkbox"/>	Bathroom or shower	9 <input type="checkbox"/>	Bathroom or shower	9 <input type="checkbox"/>
	Individual water-heater	10 <input type="checkbox"/>	Individual water-heater	10 <input type="checkbox"/>	Individual water-heater	10 <input type="checkbox"/>
No conveniences	11 <input type="checkbox"/>	No conveniences	11 <input type="checkbox"/>	No conveniences	11 <input type="checkbox"/>	



STATE  
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OF GEORGIA

FORM N2  
Approved by the SDS of Georgia  
Order N 65-s  
dated 23.07.1999

Please, use the mark - ☒ for answers

# GENERAL CENSUS OF GEORGIAN POPULATION

## 2002

### CENSUS QUESTIONNAIRE

Census Section N	Instruction Station N	Census Station N	Dwelling list N	Serial N of person in the dwelling	Blank N
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Last Name, Initials ..... N

1. RELATIONSHIP TO THE FIRST PERSON IN THE HOUSEHOLD	First person	1 <input type="checkbox"/>	Daughter-in-law, Son-in-law	6 <input type="checkbox"/>
	Spouse	2 <input type="checkbox"/>	Mother-in-law, Father-in-law	7 <input type="checkbox"/>
	Son/Daughter	3 <input type="checkbox"/>	Grandmother, Grandfather	8 <input type="checkbox"/>
	Line number of mother (father) within household	<input type="text"/> <input type="text"/>	Grandson, Granddaughter	9 <input type="checkbox"/>
	Mother, Father	4 <input type="checkbox"/>	Other relatives	10 <input type="checkbox"/>
	Sister, Brother	5 <input type="checkbox"/>	No relationship	11 <input type="checkbox"/>
2. SEX	Male 1 <input type="checkbox"/>		Female 2 <input type="checkbox"/>	
3. DATE OF BIRTH	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Age <input type="text"/> <input type="text"/> <input type="text"/>			
4. PLACE OF BIRTH (Country, Autonomous Republic, Mkhare, Region)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
5. HAS BEEN LIVING IN THE GIVEN PLACE:	Since birth: Yes 1 <input type="checkbox"/>		No 2 <input type="checkbox"/>	
	If no, indicate:			
	(a). Year moved here	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(c). Type of previous residence	
	(b). Previous place of residence		Urban 1 <input type="checkbox"/>	
			Rural 2 <input type="checkbox"/>	
(d). Are you a refugee?				
(indicate country, region, town)		Yes 1 <input type="checkbox"/>		
		No 2 <input type="checkbox"/>		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
6. NATIONALITY	Georgian	1 <input type="checkbox"/>		
	Abkhaz	2 <input type="checkbox"/>		
	Ossetian	3 <input type="checkbox"/>		
	Azerbaijani	4 <input type="checkbox"/>		
	Russian	5 <input type="checkbox"/>		
Armenian	6 <input type="checkbox"/>			
7. MOTHER TONGUE	Language of his/her nationality	1 <input type="checkbox"/>	<input type="text"/> <input type="text"/>	
Indicate other language too, that you know	Language of his/her nationality	1 <input type="checkbox"/>	<input type="text"/> <input type="text"/>	
8. CITIZENSHIP	Georgian	1 <input type="checkbox"/>		
	Stateless	2 <input type="checkbox"/>	Citizenship of other country	<input type="text"/> <input type="text"/> <input type="text"/>
			Indicate	

9. RELIGION	Orthodox Christian 1 <input type="checkbox"/> Judaic 4 <input type="checkbox"/> None 7 <input type="checkbox"/> Roman Catholics 2 <input type="checkbox"/> Islamic 5 <input type="checkbox"/> Gregorian 3 <input type="checkbox"/> Other 6 <input type="checkbox"/>
<div> <div> <u>FOR PRESCHOOL CHILDREN</u>            10. DO YOU ATTEND A PRESCHOOL ESTABLISHMENT?            Yes 1 <input type="checkbox"/>            No 2 <input type="checkbox"/> </div> <div> <u>FOR POPULATION 6 YEARS AND OVER</u>            11. ARE YOU STUDYING?            Yes 1 <input type="checkbox"/>            No 2 <input type="checkbox"/> </div> </div>	
12. EDUCATION LEVEL	Higher 1 <input type="checkbox"/> Primary vocational 4 <input type="checkbox"/> Primary general 7 <input type="checkbox"/> Unfinished higher 2 <input type="checkbox"/> Secondary complete 5 <input type="checkbox"/> Has no primary education, but can read and write 8 <input type="checkbox"/> Secondary vocational 3 <input type="checkbox"/> Basic general 6 <input type="checkbox"/> Illiterate 9 <input type="checkbox"/>
Profession proper with educational level	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
For persons with scientific degree	Candidate of science 1 <input type="checkbox"/> Doctor of sciences 2 <input type="checkbox"/>
<u>FOR POPULATION 15 YEARS AND OVER</u>	
13. MARITAL STATUS	Married 1 <input type="checkbox"/> Never married 2 <input type="checkbox"/> Divorced, separated 4 <input type="checkbox"/> Line number of spouse within household <input type="text"/> <input type="text"/> Widowed 3 <input type="checkbox"/>
14. FERTILITY	FOR WOMEN OVER 15 YEARS OLD: (a). Children ever born alive <input type="text"/> <input type="text"/> (b). Children still alive <input type="text"/> <input type="text"/> (c). Children living away <input type="text"/> <input type="text"/> FOR WOMEN MARRIED IN AGES 15-49: How many children are you going to have? <input type="text"/> <input type="text"/>
<u>ECONOMIC CHARACTERIZATION</u>	
15. SOURCES OF LIVELIHOOD	Wage/salary of employee or other regular remuneration 1 <input type="checkbox"/> Pension 10 <input type="checkbox"/> Work at own enterprise 2 <input type="checkbox"/> Stipend 11 <input type="checkbox"/> Of which: with hired workers 3 <input type="checkbox"/> Unemployed benefits 12 <input type="checkbox"/> without hired workers 4 <input type="checkbox"/> Other aid 13 <input type="checkbox"/> Individual activity 5 <input type="checkbox"/> Other type of state aid 14 <input type="checkbox"/> Work in own peasant (farm) estate 6 <input type="checkbox"/> Dependant 15 <input type="checkbox"/> Work on personal land plot 7 <input type="checkbox"/> Auxiliary family member with irregular remuneration 16 <input type="checkbox"/> Income from property, savings 8 <input type="checkbox"/> Irregular, casual remuneration and income 17 <input type="checkbox"/> Of which: From own enterprise whose owner does not work 9 <input type="checkbox"/> Other source 18 <input type="checkbox"/> Of which: main source <input type="text"/> <input type="text"/>
16. MAIN ACTIVITY OR OCCUPATION	<input type="text"/> <input type="text"/>
17. FOR UNEMPLOYED PERSONS 15 YEARS AND OVER	Are you looking for a job? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> → Are you ready for work during the next 2 weeks? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Did you work at past? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> → Date of release from last work Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/>



STATE  
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OF GEORGIA

FORM EM

Approved by the SDS of Georgia  
Order N65-s  
dated 23.07.1999

Please, use the mark - ☒ for answers

# GENERAL CENSUS OF GEORGIAN POPULATION 2002

## CENSUS QUESTIONNAIRE FOR EMIGRANTS N

Census Section N	Instruction Station N	Census Station N	Serial N of person in the dwelling	Dwelling list N	Blank N
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Autonomous Republic, Mkhare .....			Village (community) Sakrebulo .....		
Region .....			Village .....		
Town, settlement .....			Establishment .....		
Address .....			.....		

Last Name, Initials .....		N <input type="text"/> <input type="text"/>		
1. RELATIONSHIP TO THE FIRST PERSON IN THE HOUSEHOLD	First person	1 <input type="checkbox"/>	Mother-in-law, Father-in-law	7 <input type="checkbox"/>
	Spouse	2 <input type="checkbox"/>	Grandmother, Grandfather	8 <input type="checkbox"/>
	Son/Daughter	3 <input type="checkbox"/>	Grandson, Granddaughter	9 <input type="checkbox"/>
	Mother, Father	4 <input type="checkbox"/>	Other relatives	10 <input type="checkbox"/>
	Sister, Brother	5 <input type="checkbox"/>	No relationship	11 <input type="checkbox"/>
	Daughter-in-law, Son-in-law	6 <input type="checkbox"/>		
2. SEX	Male	1 <input type="checkbox"/>	Female	2 <input type="checkbox"/>
3. DATE OF BIRTH	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Age <input type="text"/> <input type="text"/> <input type="text"/>			
4. PLACE OF BIRTH (Country, Autonomous Republic, Mkhare, Region)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
5. NATIONALITY	<input type="text"/> <input type="text"/> <input type="text"/>			
6. MOTHER TONGUE	Language of his/her nationality	1 <input type="checkbox"/>	<input type="text"/> <input type="text"/>	
Indicate other language too, that you know	Language of his/her nationality	1 <input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
7. CITIZENSHIP	Georgian	1 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
	Stateless	2 <input type="checkbox"/>		
			Indicate	

8. RELIGION		Orthodox Christian 1 <input type="checkbox"/>	Judaic 4 <input type="checkbox"/>	None 7 <input type="checkbox"/>
		Roman Catholics 2 <input type="checkbox"/>	Islamic 5 <input type="checkbox"/>	
		Gregorian 3 <input type="checkbox"/>	Other 6 <input type="checkbox"/>	
9. EDUCATION LEVEL For persons 6 year and over		Higher 1 <input type="checkbox"/>	Primary vocational 4 <input type="checkbox"/>	Primary general 7 <input type="checkbox"/>
		Unfinished higher 2 <input type="checkbox"/>	Secondary complete 5 <input type="checkbox"/>	Has no primary education, but can read and write 8 <input type="checkbox"/>
		Secondary vocational 3 <input type="checkbox"/>	Basic general 6 <input type="checkbox"/>	Illiterate 9 <input type="checkbox"/>
For persons with scientific degree		Candidate of science 1 <input type="checkbox"/>	Doctor of sciences 2 <input type="checkbox"/>	
		Engaged in scientific activity 3 <input type="checkbox"/>		
10. MARITAL STATUS For persons 15 years and over		Married 1 <input type="checkbox"/>	Widowed 3 <input type="checkbox"/>	
		Never married 2 <input type="checkbox"/>	Divirced, separated 4 <input type="checkbox"/>	
11. DATE OF EMIGRATION		Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	
12. COUNTRY	Where did you emigrate?	USA 1 <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/>
		Germany 2 <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/>
		Turkey 3 <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/>
		Russia 4 <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/>
		Greece 5 <input type="checkbox"/>		
		Israel 6 <input type="checkbox"/>		
	Where are you living?	USA 1 <input type="checkbox"/>		
		Germany 2 <input type="checkbox"/>		
		Turkey 3 <input type="checkbox"/>		
		Russia 4 <input type="checkbox"/>		
		Greece 5 <input type="checkbox"/>		
		Israel 6 <input type="checkbox"/>		
13. CAUSE OF EMIGRATION		Improvement of living conditions 1 <input type="checkbox"/>	Refugee 2 <input type="checkbox"/>	
		Of which: Yes 1 <input type="checkbox"/>	For education 3 <input type="checkbox"/>	
		Were yoy employed before emigration? No 2 <input type="checkbox"/>	Other causes 4 <input type="checkbox"/>	
14. MATERIAL AID		Emigrant aids family 1 <input type="checkbox"/>	Family aids emigrant 2 <input type="checkbox"/>	No 3 <input type="checkbox"/>
15. ARE YOU GOING TO GO BACK?		Yes 2 <input type="checkbox"/>	No 2 <input type="checkbox"/>	
		When <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**2002 Nation-wide Census of the Population of Georgia**  
**Control Census Paper No. \_\_\_\_\_**

Completed at:  
 Autonomous Republic, Region  
 Rayon  
 City, Town  
 Address:

Local Village Council  
 \_\_\_\_\_  
 Village of \_\_\_\_\_

Census Sector No. \_\_\_\_  
 Instruction Area No. \_\_\_\_  
 Census area No. \_\_\_\_  
 Date of Completion:

In line with compiling the Control Census Paper:

- a) entered in the List with indication a temporary absence and a Census Paper is completed  
 b) is not entered into the List and the Census Paper

Surname, given name, patronymic				
1. Permanent residential address				
2. Sex (to be underlined)	Male 1	Female	2	
3. Date of birth	year, date, month	age		
4. Place of birth				
5. IDP or not (from Question 5)	Yes 1	No	2	
6. Nationality				
7. Native tongue				
Any other language known perfectly				
8. Citizenship (to be underlined)	Georgian 1	of other state	_____ name	3
	without citizenship	2		
9. Religion (to be underlined)	Orthodox Christian 1	Gregorian	2	
	Catholic 3	Jewish 4	Muslim 5	
	Other 6	No one	7	
For a child of pre-school age				
10. goes or not to a pre-school institution (to be underlined)	Yes 1	No	2	
For persons of 6 year old and above				
11. studies or not (to be underlined)	Yes 1	No	2	
12. Level of Education	Higher 1	Incomplete higher	2	Basic secondary 3
	Primary professional 4	General secondary	5	
	Basic general 6	Primary general	7	
	No primary, but may read and write	8		
	Does not know read and write	9		
A profession respective to education				
To indicate for persons with a scientific degree:	Candidate of Science	Doctor of Science		
For persons of 15 year old and above				
13. marital status	Married 1	Widow/widower	3	
	Never has been married	2	Divorced	4

Economic Characteristic			
14. Sources of Sustenance (to be underlined)	Wage or other regular remuneration for hired labor	1	Pension 10
	Income from own enterprise	2	Scholarship 11
	among them:		Unemployment allowance 12
	- by hiring a labor force	3	Allowance (except for unempl. one) 13
	- without hiring a labor force	4	Other 14
	Income from individual business	5	Aids from others 15
	Income from farming	6	Supportive family member with non-regular salary 16
	Income from auxiliary farming	7	Non-regular, casual incomes 17
	Income from property, savings	8	Other sources 18
	including:		Among them:
	Income from own enterprise an owner of which does not work	9	Basic Source for Sustenance 19

**A Citizen should be enlisted in the list of residents of a dwelling place (Form No.1) and other Census documents by the following address:**

Autonomous Republic, Region

Local Village Council

Rayon

City, Town

Village of

Address:

**Note on Verification by the given address:**

(not to be filled-in while completing the Control Census Paper)

A given person:

- a) is found in the list No. \_\_\_ of the residents of a dwelling place
- b) is not found in the list, but is entered into the Census documents after verification
- c) not resides at the given address
- d) other cases (to be indicated)

Census sector No

Instruction area No

Census area No.

Signature of the controller

Date of verification:



**2002 Nation-wide Census of the Population of Georgia**  
**Control Census List No. \_\_\_\_\_**

For a person who has already been registered but has one more dwelling place:

1. Individual house; 2 A part of an individual house; 3. A separate apartment 4. An apartment in a communal house; 5. In a hostel; 6. A seasonal dwelling place fit for living for a whole year; 7/ A seasonal dwelling place not designed for living for a whole year

(to put into a circle the required number)

**A permanent residential address where a person has been census registered**

Autonomous Republic, Region

Local Village Council

Rayon

City, Town

Village of

Address:

Census Sector No. \_\_\_\_ Instruction area No. \_\_\_\_ Census area No. \_\_\_\_ Date of filling-in the  
Control list

Surname, given name, patronymic	
2. Sex (to be underlined)	Male 1 Female 2
3. Date of birth	year, date, month age

**A citizen has already been census registered. Hence, he/she shall not be enlisted into the list of residents of a dwelling place (Form No.1 and other census documents by the following address**

Autonomous Republic, Region

Local Village Council

Rayon

City, Town

Village of

Address:

**Note on Verification by the given address:**

(not to be filled-in while completing the Control Census Paper)

A given person:

- e) is found in the list No. \_\_\_\_ of the residents of a dwelling place  
 f) is not found in the list, but is entered into the Census documents after verification  
 g) not resides at the given address  
 h) other cases (to be indicated)

Census sector No  
 Instruction area No  
 Census area No.

Signature of the controller

Date of verification:



STATE  
DEPARTMENT  
FOR STATISTICS  
OF GEORGIA

FORM N9  
Approved by the SDS of Georgia  
Order N19  
dated 02.02.2001

Please, use the mark - ☒ for answers

# GENERAL CENSUS OF GEORGIAN POPULATION 2002

## COVERING BLANK

THIS BLANK IS FILLED OUT BY ENUMERATOR

Census Section N ☐☐ Instruction Station N ☐☐ Census Station N ☐ Blank N within the frames of portfolio ☐☐☐

Autonomous Republic, Mkhare \_\_\_\_\_ Region within town \_\_\_\_\_  
Region \_\_\_\_\_ Village (community) Sakrebulo \_\_\_\_\_  
Town, settlement \_\_\_\_\_ Village \_\_\_\_\_

### BLANK IS COMPLETED

ON URBAN SETTLEMENT 1 ☐ ON PART OF SETTLEMENT 3 ☐  
ON RURAL SETTLEMENT 2 ☐ ON WHOLE SETTLEMENT 4 ☐  
ENUMERATOR ..... SUPERVISOR .....

### THIS PART IS FILLED OUT BY SDS AND INFORMATIONAL-PUBLISHING CENTER

PREPARATION FOR AUTOMATIC PROCESSING			ADDED AT THE TIME OF ARRANGEMENT		
Name of work	Date of completion	Surname of performer	Census Section N	Instruction Station N	Census Station N
Arrangement of materials					
I cycle					
II cycle					
III cycle					

### URBAN SETTLEMENT

Code of urban settlement (region within town) \_\_\_\_\_

### RURAL SETTLEMENT

Code of rural settlement \_\_\_\_\_

*Number of enumerated persons in portfolio:*

Portfolio N with form 2 with form EM

Code of economic-administrative importance of village

*Number of enumerated persons in portfolio:*

Portfolio N with form 2 with form EM