



# 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"/>

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

SERIAL N OF THE FIRST PERSON IN THE HOUSEHOLD WITHIN DWELLING	□ □	NO 1 <input type="checkbox"/>	□ □	NO 1 <input type="checkbox"/>	□ □	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	□ □ PART OF ROOM	1 <input type="checkbox"/>	□ □ PART OF ROOM	1 <input type="checkbox"/>	□ □ PART OF ROOM	6 <input type="checkbox"/>
5S. FLOOR AREA (SQUARE METER)	TOTAL	□ □ □	TOTAL	□ □ □	TOTAL	□ □ □
	HABITABLE	□ □ □	HABITABLE	□ □ □	HABITABLE	□ □ □
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"/>	



# GENERAL CENSUS OF GEORGIAN POPULATION

## 2 0 0 2

### CENSUS QUESTIONNAIRE

Census Section N	Instruction Station N	Census Station N	Dwelling list N	Serial N of person in the dwelling	Blank N
□ □	□ □	□	□ □ □	□ □	□ □ □

Last Name, Initials ..... N

<b>1. RELATIONSHIP TO THE FIRST PERSON IN THE HOUSEHOLD</b>	First person 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Son/Daughter 3 <input type="checkbox"/> Line number of mother (father) within household <input type="checkbox"/> <input type="checkbox"/> Mother, Father 4 <input type="checkbox"/> Sister, Brother 5 <input type="checkbox"/>	Daughter-in-law, Son-in-law 6 <input type="checkbox"/> Mother-in-law, Father-in-law 7 <input type="checkbox"/> Grandmother, Grandfather 8 <input type="checkbox"/> Grandson, Granddaughter 9 <input type="checkbox"/> Other relatives 10 <input type="checkbox"/> No relationship 11 <input type="checkbox"/>								
<b>2. SEX</b>	Male 1 <input type="checkbox"/>	Female 2 <input type="checkbox"/>								
<b>3. DATE OF BIRTH</b>	Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Month <input type="checkbox"/> <input type="checkbox"/>	Day <input type="checkbox"/> <input type="checkbox"/>	Age <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
<b>4. PLACE OF BIRTH (Country, Autonomous Republic, Mkhare, Region)</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
<b>5. HAS BEEN LIVING IN THE GIVEN PLACE:</b>	Since birth: Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> If no, indicate: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">               (a). Year moved here <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="width: 50%;">               (c). Type of previous residence             </td> </tr> <tr> <td></td> <td style="text-align: right;">               Urban 1 <input type="checkbox"/>                Rural 2 <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">               (b). Previous place of residence _____                (indicate country, region, town) _____  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="text-align: right;">               (d). Are you a refugee?                Yes 1 <input type="checkbox"/>                No 2 <input type="checkbox"/> </td> </tr> </table>			(a). Year moved here <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(c). Type of previous residence		Urban 1 <input type="checkbox"/> Rural 2 <input type="checkbox"/>	(b). Previous place of residence _____ (indicate country, region, town) _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(d). Are you a refugee? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>
(a). Year moved here <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(c). Type of previous residence									
	Urban 1 <input type="checkbox"/> Rural 2 <input type="checkbox"/>									
(b). Previous place of residence _____ (indicate country, region, town) _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(d). Are you a refugee? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>								
<b>6. NATIONALITY</b>	Georgian 1 <input type="checkbox"/> Abkhaz 2 <input type="checkbox"/> Ossetian 3 <input type="checkbox"/> Azerbaijanian 4 <input type="checkbox"/> Russian 5 <input type="checkbox"/> Armenian 6 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
<b>7. MOTHER TONGUE</b>	Language of his/her nationality 1 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								
Indicate other language too, that you know	Language of his/her nationality 1 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								
<b>8. CITIZENSHIP</b>	Georgian 1 <input type="checkbox"/> Stateless 2 <input type="checkbox"/>	Citizenship of other country _____ Indicate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								

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"/>			

<u>FOR PRESCHOOL CHILDREN</u>			<u>FOR POPULATION 6 YEARS AND OVER</u>				
10. DO YOU ATTEND A PRESCHOOL ESTABLISHMENT?	Yes	1	<input type="checkbox"/>	11. ARE YOU STUDYING?	Yes	1	<input type="checkbox"/>
	No	2	<input type="checkbox"/>		No	2	<input type="checkbox"/>

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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For persons with scientific degree	Candidate of science	1	<input type="checkbox"/>	Doctor of sciences	2	<input type="checkbox"/>
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FOR POPULATION 15 YEARS AND OVER

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="checkbox"/>	<input type="checkbox"/>	Widowed	3	<input type="checkbox"/>			

14. FERTILITY	FOR WOMEN OVER 15 YEARS OLD:							
	(a). Children ever born alive	<input type="checkbox"/>	<input type="checkbox"/>	(b). Children still alive	<input type="checkbox"/>	<input type="checkbox"/>	(c). Children living away	<input type="checkbox"/>
	FOR WOMEN MARRIED IN AGES 15-49: How many children are you going to have?						<input type="checkbox"/>	<input type="checkbox"/>

ECONOMIC CHARACTERIZATION

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="checkbox"/>	<input type="checkbox"/>

16. MAIN ACTIVITY OR OCCUPATION	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____				

17. FOR UNEMPLOYED PERSONS 15 YEARS AND OVER	Are you looking for a job?	Yes	1	<input type="checkbox"/>	→ Are you ready for work during the next 2 weeks?	Yes	1	<input type="checkbox"/>	No	2	<input type="checkbox"/>
		No	2	<input type="checkbox"/>							
	Did you work at past?	Yes	1	<input type="checkbox"/>	→ Date of release from last work						
		No	2	<input type="checkbox"/>	Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Month	<input type="checkbox"/>



# 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
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"/>	
7. CITIZENSHIP		Georgian	1 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
		Stateless	2 <input type="checkbox"/>		
		Citizenship of other country .....		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: Were yoy employed before emigration?	Yes	1	<input type="checkbox"/>	For eduqation	3	<input type="checkbox"/>			
			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		→	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		



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:



# 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 RURAL SETTLEMENT 2

ON PART OF SETTLEMENT 3   
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

#### RURAL SETTLEMENT

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

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

*Number of enumerated persons in portfolio:*

*Number of enumerated persons in portfolio:*

Portfolio N with form 2 with form EM

Code of economic-administrative importance of village

Portfolio N with form 2 with form EM