

FORM **D-55**  
(6-11-2008)

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

**COUNTS OF FEDERALLY AFFILIATED  
OVERSEAS PERSONNEL AND  
DEPENDENTS BY HOME STATE  
OF RESIDENCE  
2010 Census**

**1.** Department/Agency name

**2a.** Name of contact person

**b.** Telephone      Area code      Number  
   -    -

**c.** E-mail address

**3. COUNTS OF FEDERALLY AFFILIATED OVERSEAS PERSONNEL AND DEPENDENTS  
BY HOME STATE OF RESIDENCE**

State (a)	Total (b)	Personnel (c)	Dependents (d)	State (a)	Total (b)	Personnel (c)	Dependents (d)
Alabama				Montana			
Alaska				Nebraska			
Arizona				Nevada			
Arkansas				New Hampshire			
California				New Jersey			
Colorado				New Mexico			
Connecticut				New York			
Delaware				North Carolina			
District of Columbia				North Dakota			
Florida				Ohio			
Georgia				Oklahoma			
Hawaii				Oregon			
Idaho				Pennsylvania			
Illinois				Rhode Island			
Indiana				South Carolina			
Iowa				South Dakota			
Kansas				Tennessee			
Kentucky				Texas			
Louisiana				Utah			
Maine				Vermont			
Maryland				Virginia			
Massachusetts				Washington			
Michigan				West Virginia			
Minnesota				Wisconsin			
Mississippi				Wyoming			
Missouri				Home state not reported			

<b>4.</b> Are counts of dependents unduplicated according to the guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>5.</b> Are the counts as of April 1, 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>Specify date</i> → <table style="display: inline-table; vertical-align: middle;"> <tr><td style="padding: 0 5px;">Month</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></td></tr> </table> <table style="display: inline-table; vertical-align: middle;"> <tr><td style="padding: 0 5px;">Day</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></td></tr> </table> <table style="display: inline-table; vertical-align: middle;"> <tr><td style="padding: 0 5px;">Year</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"></td></tr></table>	Month		Day		Year			
Month									
Day									
Year									

**6.** What is your source for the counts?	
**a.** System name	
**b.** System purpose	
**c.** Population covered	
**7.** Enter "0" in the box if your department/agency has no overseas personnel.	

<b>NOTES</b>

<b>8. CERTIFICATION</b>		
I certify that the official records of my office show the above information, and that to the best of my knowledge, this information is correct.		
<b>a.</b> Signature <div style="border: 1px solid black; height: 30px;"></div>	<b>c.</b> Date Month	Day
	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>
<b>b.</b> Title <div style="border: 1px solid black; height: 30px;"></div>		Year <div style="border: 1px solid black; width: 30px; height: 20px;"></div>

<b>RETURN COMPLETED FORM BY JULY 9, 2010</b>	CHIEF, DECENNIAL MANAGEMENT DIVISION ATTN: PUERTO RICO, ISLAND AREAS AND OVERSEAS BRANCH U.S. CENSUS BUREAU WASHINGTON DC 20233
----------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------