

Census 2010

Guam

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

**This is the official form for all people at this address.
It is easy, and your answers are protected by law.**

**Use a blue or black pen.
Start here**

Do NOT mail this form, your completed form will be picked up by a census worker.

The Census must count every person living in Guam on April 1, 2010.

Before you answer Question 1, count the people living in this house, apartment, or mobile home using our guidelines.

- Count all people, including babies, who live and sleep here most of the time.

The Census Bureau also conducts counts in institutions and other places, so:

- Do not count anyone living away either at college or in the Armed Forces.
- Do not count anyone in a nursing home, jail, prison, detention facility, etc., on April 1, 2010.
- Leave these people off your form, even if they will return to live here after they leave college, the nursing home, the military, jail, etc. Otherwise, they may be counted twice.

The Census must also include people without a permanent place to stay, so:

- If someone who has no permanent place to stay is staying here on April 1, 2010, count that person. Otherwise, he or she may be missed in the census.

1. How many people were living or staying in this house, apartment, or mobile home on April 1, 2010?

Number of people

→ **Please turn the page and print the names of all the people living or staying here on April 1, 2010.**

Please fill out your form promptly. A census worker will visit your home to pick up your completed questionnaire or assist you if you have questions.

The U.S. Census Bureau estimates that, for the average household, this form will take about 43 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project 0607-0000, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use "Paperwork Project 0607-0000" as the subject.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.

OMB No. 0000-0000: Approval Expires 00/00/0000



797201

Form D-61 G

List of Persons

→ Please be sure you answered Question 1 on the front page before continuing.

2. Please print the names of all the people who you indicated in Question 1 were living or staying here on April 1, 2010.

Example — Last Name

C R U Z

First Name

MI

J O H N

J

Start with the person living here who owns or rents this house, apartment, or mobile home. If the owner or renter lives somewhere else, start with any adult living here. This will be Person 1.

Person 1 — Last Name

First Name

MI

Person 2 — Last Name

First Name

MI

Person 3 — Last Name

First Name

MI

Person 4 — Last Name

First Name

MI

Person 5 — Last Name

First Name

MI

Person 6 — Last Name

First Name MI

Person 7 — Last Name

First Name MI

Person 8 — Last Name

First Name MI

Person 9 — Last Name

First Name MI

Person 10 — Last Name

First Name MI

Person 11 — Last Name

First Name MI

Person 12 — Last Name

First Name MI

→ Next, answer questions about Person 1. If you did not have room to list everyone who lives in this house, apartment, or mobile home, please tell this to the census worker when you are visited. The census worker will complete a census form for the additional people.



797202

Person 1 –Continued

<p>12a. At any time since February 1, 2010, has this person attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.</p> <p><input type="checkbox"/> No, has not attended since February 1 – SKIP to question 13</p> <p><input type="checkbox"/> Yes, public school, public college</p> <p><input type="checkbox"/> Yes, private school, private college, home school</p>	<p>14. Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, in this Area</p> <p><input type="checkbox"/> Yes, not in this Area</p>
<p>b. What grade or level was this person attending? Mark <input type="checkbox"/> ONE box.</p>	
<p><input type="checkbox"/> Pre-kindergarten</p> <p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> Grade 1 through 12 – Specify grade 1–12 → <table border="1" style="display: inline-table; vertical-align: middle; border-collapse: collapse; width: 20px; height: 15px;"></table></p> <p><input type="checkbox"/> College undergraduate years (freshman to senior)</p> <p><input type="checkbox"/> Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)</p>	
<p>13. What is the highest degree or level of school this person has COMPLETED? Mark <input type="checkbox"/> ONE box. If currently enrolled, mark the previous grade or highest degree received.</p> <p>NO SCHOOLING COMPLETED</p> <p><input type="checkbox"/> No schooling completed</p> <p>PRE-KINDERGARTEN THROUGH GRADE 12</p> <p><input type="checkbox"/> Pre-kindergarten</p> <p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> Grade 1 through 11 – Specify grade 1–11 → <table border="1" style="display: inline-table; vertical-align: middle; border-collapse: collapse; width: 20px; height: 15px;"></table></p> <p><input type="checkbox"/> 12th grade – NO DIPLOMA</p> <p>HIGH SCHOOL GRADUATE</p> <p><input type="checkbox"/> Regular high school diploma</p> <p><input type="checkbox"/> GED or alternative credential</p> <p>COLLEGE OR SOME COLLEGE</p> <p><input type="checkbox"/> Some college credit, but less than 1 year of college credit</p> <p><input type="checkbox"/> 1 or more years of college credit, no degree</p> <p><input type="checkbox"/> Associate's degree (for example: AA, AS)</p> <p><input type="checkbox"/> Bachelor's degree (for example: BA, BS)</p> <p>AFTER BACHELOR'S DEGREE</p> <p><input type="checkbox"/> Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)</p> <p><input type="checkbox"/> Doctorate degree (for example: PhD, EdD)</p>	
<p>15a. Does this person speak a language other than English at home?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – SKIP to question 16a</p> <p>b. What is this language?</p> <p><table border="1" style="width: 100%; border-collapse: collapse; height: 20px;"></table></p> <p>(For example: Chamorro, Samoan, Carolinian, Tongan)</p>	
<p>c. Does this person speak this language at home more frequently than English?</p> <p><input type="checkbox"/> Yes, more frequently than English</p> <p><input type="checkbox"/> Both equally often</p> <p><input type="checkbox"/> No, less frequently than English</p> <p><input type="checkbox"/> Does not speak English</p>	
<p>16a. Did this person live in this house or apartment 1 year ago (on April 1, 2009)?</p> <p><input type="checkbox"/> Person is under 1 year old – SKIP to question 17</p> <p><input type="checkbox"/> Yes, this house – SKIP to question 17</p> <p><input type="checkbox"/> No, different house</p> <p>b. Where did this person live 1 year ago?</p> <p>Print the name of the island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and SKIP to question 17.</p> <p><table border="1" style="width: 100%; border-collapse: collapse; height: 20px;"></table></p>	
<p>c. Name of city, town, or village</p> <p><table border="1" style="width: 100%; border-collapse: collapse; height: 20px;"></table></p>	



797204

Person 1 –Continued

17. Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a–h.

Yes No

- a. Insurance through a current or former employer or union (of this person or another family member)
- b. Insurance purchased directly from an insurance company (by this person or another family member)
- c. Medicare, for people 65 and older, or people with certain disabilities
- d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability
- e. TRICARE or other military health care
- f. VA (including those who have ever used or enrolled for VA health care)
- g. Local medical programs for indigents
- h. Any other type of health insurance or health coverage plan – *Specify* ↗

18a. Is this person deaf or does he/she have serious difficulty hearing?

- Yes
- No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- Yes
- No

Answer questions 19a–c if this person is 5 years old or over. Otherwise, SKIP to question 49.

19a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

b. Does this person have serious difficulty walking or climbing stairs?

- Yes
- No

19c. Does this person have difficulty dressing or bathing?

- Yes
- No

Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to question 49.

20. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

21. What is this person's marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married

22. If this person is female, how many babies has she ever had, not counting stillbirths?

Do not count stepchildren or children she has adopted.

- None OR Number of children

23a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
- No – SKIP to question 24

b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

- Yes
- No – SKIP to question 24

c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 or more years



797205

Person 1 – Continued

24. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty
- Yes, on active duty during the last 12 months, but not now
- Yes, on active duty in the past, but not during the last 12 months
- No, training for Reserves or National Guard only – *SKIP to question 26a*
- No, never served in the military – *SKIP to question 27a*

25. When did this person serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
- August 1990 to August 2001 (including Persian Gulf War)
- September 1980 to July 1990
- May 1975 to August 1980
- Vietnam era (August 1964 to April 1975)
- March 1961 to July 1964
- February 1955 to February 1961
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
- November 1941 or earlier

26a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, . . ., 100%)
- No – *SKIP to question 27a*

b. What is this person's service-connected disability rating?

- 0 percent
- 10 or 20 percent
- 30 or 40 percent
- 50 or 60 percent
- 70 percent or higher

27a. LAST WEEK, did this person work for pay at a job (or business)? If "Yes," also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark ONE box.

- Yes, worked for pay; did NO subsistence activity – *SKIP to question 28*
- Yes, worked for pay AND did subsistence activity – *SKIP to question 28*
- No, did NOT work for pay at a job or business (or was retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Mark ONE box.

- Yes, worked for pay; did NO subsistence activity
- Yes, worked for pay AND did subsistence activity
- No, did NOT work for pay; did subsistence activity – *SKIP to question 33a*
- No, did NOT work for pay; did NO subsistence activity – *SKIP to question 33a*

28. At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.

a. Name of the island, U.S. state, commonwealth, territory, or foreign country

b. Name of city, town, or village

29. How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance.

- Car, truck, or private van/bus
- Public van/bus
- Boat
- Taxicab
- Motorcycle
- Bicycle
- Walked
- Worked at home – *SKIP to question 37*
- Other method



797206

Person 1 –Continued

Answer question 30 if you marked "Car, truck, or private van/bus" in question 29. Otherwise, SKIP to question 31.

30. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?

Person(s)

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31. What time did this person usually leave home to go to work LAST WEEK?

Hour Minute

	:	
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a.m.
 p.m.

32. How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

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Answer questions 33–36 if this person did NOT work last week. Otherwise, SKIP to question 37.

33a. LAST WEEK, was this person on layoff from a job?

Yes – SKIP to question 33c
 No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 36
 No – SKIP to question 34

c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

Yes – SKIP to question 35
 No

34. During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

Yes
 No – SKIP to question 36

35. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

36. When did this person last work, even for a few days? Do not include subsistence activity.

2010
 2009
 2008
 2005 to 2007
 2000 to 2004 – SKIP to question 46
 1999 or earlier – SKIP to question 46
 Never worked; or did subsistence only – SKIP to question 46

37–42. CURRENT OR MOST RECENT JOB ACTIVITY

Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business since 2005.

37. Was this person – Mark ONE box.

An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?
 An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
 A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?
 A federal GOVERNMENT employee?
 SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
 SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
 Working WITHOUT PAY in family business or farm?

38. For whom did this person work?

If now on active duty in the Armed Forces, mark this box → and print the branch of the Armed Forces.

Name of company, business, or other employer

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797207

Person 1 –Continued

46d. Social Security or Railroad Retirement.

Annual amount – Dollars

Yes → \$, . .00
 No

e. Any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI).

Annual amount – Dollars

Yes → \$, . .00
 No

f. Retirement, survivor, or disability pensions.

Do NOT include Social Security.

Annual amount – Dollars

Yes → \$, . .00
 No

g. Any remittances. Include money from relatives outside the household or in the military.

Annual amount – Dollars

Yes → \$, . .00
 No

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony. Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

Annual amount – Dollars

Yes → \$, . .00
 No

47. What was this person's total income during 2009? Add entries in questions 46a–46h; subtract any losses. If net income was a loss, enter the amount and mark the "Loss" box next to the dollar amount.

Annual amount – Dollars

Loss

None OR \$, . .00

48. During 2009, did this person GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate.

Annual amount – Dollars

Yes → \$, . .00
 No

Please answer questions 49–75 about your household.

49. Which best describes this building? Include all apartments, flats, etc., even if vacant.

- A mobile home
- A one-family house detached from any other house
- A one-family house attached to one or more houses
- Two houses – **Applies only in American Samoa**
- Three or more houses – **Applies only in American Samoa**
- A building with 2 apartments
- A building with 3 or 4 apartments
- A building with 5 to 9 apartments
- A building with 10 to 19 apartments
- A building with 20 to 49 apartments
- A building with 50 or more apartments
- A container
- Boat, RV, van, etc.

50. About when was this building first built?

- 2009 or 2010
- 2000 to 2008
- 1990 to 1999
- 1980 to 1989
- 1970 to 1979
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1939 or earlier

51. When did PERSON 1 (listed on page 2) move into this living quarters?

- 2009 or 2010
- 2000 to 2008
- 1990 to 1999
- 1980 to 1989
- 1970 to 1979
- 1969 or earlier

Answer question 52 if this is a HOUSE or a MOBILE HOME. Otherwise, SKIP to question 53a.

52. Is there a business (such as a store or shop) or a medical office on this property?

- Yes
- No



797209

Person 1 –Continued

53a. How many separate rooms are in this living quarters? Rooms must be separated by built-in archways or walls that extend from floor to ceiling.

- **INCLUDE** bedrooms, kitchens, etc.
- **EXCLUDE** bathrooms, porches, balconies, foyers, halls, or unfinished basements.

- 1 room
- 2 rooms
- 3 rooms
- 4 rooms
- 5 rooms
- 6 rooms
- 7 rooms
- 8 rooms
- 9 or more rooms

b. How many of these rooms are bedrooms?

Count as bedrooms those rooms you would list if this living quarters were for sale or rent. If this is an efficiency/studio apartment, mark "No bedroom."

- No bedroom
- 1 bedroom
- 2 bedrooms
- 3 bedrooms
- 4 bedrooms
- 5 or more bedrooms

54a. Do you have hot and cold piped water?

- Yes, in this unit
- Yes, in this building, not in unit
- No, only cold piped water in this unit
- No, only cold piped water in this building
- No, only cold piped water outside this building
- No piped water

b. Do you have a bathtub or shower?

- Yes, in this unit
- Yes, in this building, not in unit
- Yes, outside this building
- No

c. Do you have a flush toilet?

- Yes, in this unit – *SKIP to question 55a*
- Yes, in this building, not in unit – *SKIP to question 55a*
- Yes, outside this building – *SKIP to question 55a*
- No

d. What type of toilet facilities do you have?

- Outhouse or privy
- Other or none

55a. Are your MAIN cooking facilities located inside or outside this building? Mark ONE box.

- Inside this building
- Outside this building
- No cooking facilities – *SKIP to question 55c*

b. What type of cooking facilities are these?

Mark ONE box.

- Electric stove
- Kerosene stove
- Gas stove
- Microwave oven and non-portable burners
- Microwave oven only
- Other (fireplace, hotplate, etc.)

c. Do you have a refrigerator in this building?

- Yes
- No

d. Do you have a sink with piped water in this building?

- Yes
- No

56. Does this living quarters have telephone service from which you can both make and receive calls?

- Yes, a cell or mobile phone only
- Yes, a landline only
- Yes, both a cell or mobile phone and a landline
- No

57. Do you have air conditioning?

- Yes, a central air-conditioning system (includes split-type)
- Yes, 1 individual room unit
- Yes, 2 or more individual room units
- No

58. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?

- None
- 1
- 2
- 3
- 4
- 5
- 6 or more



797210

Person 1 –Continued

59. Do you or any member of this household have a battery-operated radio? Count car radios, transistors, and other battery-operated sets in working order or needing only a new battery for operation.

- Yes
- No

60a. Do you or any member of this household have a home computer or laptop? Count only if computer is in working condition.

- Yes
- No – SKIP to question 61

b. Do you or any member of this household have an Internet connection at this living quarters?

- Yes
- No

61. Do you get water from – Mark ONE box.

- A public system only?
- A public system and catchment?
- A village water system only? – **Applies only in American Samoa**
- An individual well?
- A catchment, tanks, or drums only?
- Some other source (a standpipe, spring, river, creek, etc.)?

62. Is this building connected to a public sewer?

- Yes, connected to a public sewer
- No, connected to a septic tank or cesspool
- No, use other means

63. Is this living quarters part of a condominium?

- Yes
- No

64. What is the MAIN type of material used for the outside walls of this building? Mark ONE box.

- Poured concrete
- Concrete blocks
- Metal
- Wood
- Other

65. What is the MAIN type of material used for the roof of this building? Mark ONE box.

- Poured concrete
- Metal
- Wood
- Other

66. What is the MAIN type of material used for the foundation of this building? Mark ONE box.

- Concrete
- Wood pier or pilings
- Other

67a. What is the average monthly cost for electricity for this living quarters?

Average monthly cost – Dollars

\$, 00

OR

- Included in rent or condominium fee
- No charge or electricity not used

b. What is the average monthly cost for gas for this living quarters?

Average monthly cost – Dollars

\$, 00

OR

- Included in rent or condominium fee
- Included in electricity payment entered above
- No charge or gas not used

c. What is the average monthly cost for water and sewer for this living quarters?

Average monthly cost – Dollars

\$, 00

OR

- Included in rent or condominium fee
- No charge

d. What is the average monthly cost for oil, coal, kerosene, wood, etc. for this living quarters?

Average monthly cost – Dollars

\$, 00

OR

- Included in rent or condominium fee
- No charge or these fuels not used

68. Is this living quarters – Mark ONE box.

- Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent?



797211

Person 1 – Continued

Answer question 69 if this living quarters is **RENTED**. Otherwise, **SKIP** to question 70.

69. What is the monthly rent for this living quarters?

Monthly amount – *Dollars*

\$

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 .00

70–75. Answer questions 70–75 if you or someone else in this household **OWNS** or **IS BUYING** this living quarters. Otherwise, **SKIP** to the questions for Person 2 on page 13.

70. About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

Amount – *Dollars*

\$

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 .00

71. What were the real estate taxes on THIS property last year?

Annual amount – *Dollars*

\$

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 .00

OR

None

72. What was the annual payment for fire, hazard, typhoon, and flood insurance on THIS property?

Annual amount – *Dollars*

\$

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 .00

OR

None

73a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

- Yes, mortgage, deed of trust, or similar debt
- Yes, contract to purchase
- No – **SKIP** to question 74a

73b. How much is the regular monthly mortgage payment on **THIS property? Include payment only on **FIRST** mortgage or contract to purchase.**

Monthly amount – *Dollars*

\$

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 .00

OR

No regular payment required – **SKIP** to question 74a

c. Does the regular monthly mortgage payment include payments for real estate taxes on **THIS property?**

- Yes, taxes included in mortgage payment
- No, taxes paid separately or taxes not required

d. Does the regular monthly mortgage payment include payments for fire, hazard, typhoon, or flood insurance on **THIS property?**

- Yes, insurance included in mortgage payment
- No, insurance paid separately or no insurance

74a. Do you or any member of this household have a second mortgage or home equity loan on **THIS property?**

- Yes, a home equity loan
- Yes, a second mortgage
- Yes, both second mortgage and home equity loan
- No – **SKIP** to question 75

b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on **THIS property?**

Monthly amount – *Dollars*

\$

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 .00

OR

No regular payment required

Answer question 75 ONLY if this is a CONDOMINIUM.

75. What is the monthly condominium fee?

Monthly amount – *Dollars*

\$

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 .00

→ **Are there more people living here? If YES, continue with Person 2 on the next page.**



797212

Person 2

1. What is this person's name? Print the name of Person 2 from page 2.

Last Name

First Name

MI

2. How is this person related to Person 1? Mark ONE box.

<input type="checkbox"/> Husband or wife	<input type="checkbox"/> Son-in-law or daughter-in-law
<input type="checkbox"/> Biological son or daughter	<input type="checkbox"/> Other relative
<input type="checkbox"/> Adopted son or daughter	<input type="checkbox"/> Roomer or boarder
<input type="checkbox"/> Stepson or stepdaughter	<input type="checkbox"/> Housemate or roommate
<input type="checkbox"/> Brother or sister	<input type="checkbox"/> Unmarried partner
<input type="checkbox"/> Father or mother	<input type="checkbox"/> Other nonrelative
<input type="checkbox"/> Grandchild	
<input type="checkbox"/> Parent-in-law	

**For Persons 3–6,
repeat questions
1–51 of Person 2.**



797213

Person 3

For Persons 3–6, repeat questions 1–51 of Person 2.

NOTE— *The content for Question 2 varies between Person 1 and Persons 2–6.*

Thank you for completing your official Census 2010 form. If there are more than six people living in this house or apartment, please make sure you have completed the form for the first six people. When the census worker visits your residence, he/she will obtain the information for the additional people.