U.S. DEPARTMENT OF COMMERCE Economics and Statistiscs 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.

The "Informational Copy" shows the content of the Census 2010 questionnaire for the U.S. Virgin Islands. Each household will receive a form, which includes 46 questions relating to population characteristics and 25 questions relating to housing characteristics. The content of the form resulted from reviewing the 2000 census data, consulting with federal and nonfederal data users, and conducting tests.

For additional information about Census 2010 in the U.S. Virgin Islands, please write to the Director, U.S. Census Bureau, Washington, DC 20233.

[^0]
## 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 the U.S. Virgin Islands 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?
$\square$ Number of people
$\rightarrow$ 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 42 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


## List of Persons

$\rightarrow$ 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 |  |
| $J O H$ J |  | $J$ |

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

|  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

Person 2 - Last Name


Person 4 - Lâst Name


Person 5 - Last Name


$\rightarrow$ 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.

## Person 1

1. What is this person's name? Print the name of Person 1 from page 2.
Last Name
$\square$
2. What is this person's telephone number? We may contact this person if we don't understand an answer. Area Code + Number

3. What is this person's sex? Mark X ONE box.MaleFemale
4. What is this person's age and what is this person's date of birth? Please report babies as age 0 when the child is less than 1 year old.
Age on April 1, 2010
$\square$
Print numbers in boxes.
Month Day Year of birth

$\rightarrow$ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races.
5. Is this person of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino or Sparish origin
Yes, Puerto Rican
Yes, Dominican
Yes, Mexican, Mexicanain., ChicanoYes, another Hispanic, Latino, or Spanish origin Print origin, for example, Argentinean, Colombian, Cuban, Nioaragean, Salvadoran, Spaniard, and so on.
$\qquad$
6. What is this person's race? Mark $\boldsymbol{X}$ one or more boxes.
$\square$ White
Black, African Am., or Negro
American Indian or Alaska Native - Print name of enrolled or principal tribe. Z


## Asian Indian

Chinese
Filipino
Japanese
KoreanVietnamese
Other Asian - Pr nt race for example, Hmong, Laotian, Thai. Pakistani) Cambodian, and so on. z


Native Hawaiian
Guarmaniaryor Chamorro
Samoan
Other Pacific Islander - Print race, for example,
Fijan, Tongan, and so on.

Some other race - Print race. $\mathbf{z}$
7. Where was this person born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.
$\square$
8. Is this person a CITIZEN of the United States?
$\square$ Yes, born in the U.S. Virgin Islands - SKIP to question 10aYes, born in the United States, Puerto Rico, Guam, or Northern Mariana IslandsYes, born abroad of U.S. parent or parentsYes, a U.S. citizen by naturalization
No, not a U.S. citizen (permanent resident)
No, not a U.S. citizen (temporary resident)
9. When did this person come to the U.S. Virgin Islands to stay? If this person has entered the U.S. Virgin Islands more than once, what is the latest year? Print numbers in boxes.
Year


## Person 1-Continued

10a. Where was this person's mother born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.

b. Where was this person's father born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.

11a. At any time since February 1, 2010, has this person attended school or college? Include only nursery school or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

No, has not attended since February 1 - SKIP to question 12Yes, public school, public collegeYes, private school, private college, home school
b. What grade or level was this person attending? Mark X ONE box.

Nursery school, preschoolKindergartenGrade 1 through 12 Specify grade 1-12College undergraduate years (freshman to senißr)Graduate or professional school beyond a) bachelor's degree (for example, MA or R'hD program or medical or law school)
12. What is the highest degree or level of school this person has COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.

## NO SCHOOLING COMPLETED

$\square$ No schooling completed

## NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12

Nursery school, preschoolKindergartenGrade 1 through 11 Specify grade 1-11
$\square 12^{\text {th }}$ grade - NO DIPLOMA
HIGH SCHOOL GRADUATERegular highschoordipiomaGED or alternative credential
COLLEGE OR SOME COLLEGE
$\square$ Some college credit, but less than 1 year of college oredit
1 or more years of college credit, no degree Associate's degree (for example: AA, AS)
Bachelor's degree (for example: $B A, B S$ )

## AFTER BACHELOR'S DEGREE

$\square$ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)Doctorate degree (for example: PhD, EdD)
13. 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.
NoYes, in the U.S. Virgin Islands
$\square$
Yes, not in the U.S. Virgin Islands
14a. Does this person speak a language other than English at home?Yes
No - SKIP to question 15a

## Person 1-Continued

14b. What is this language?

(For example: French, Spanish, Chinese, Italian)
c. How well does this person speak English?
Very wellWellNot well
Not at all

15a. Did this person live in this house or apartment 1 year ago (on April 1, 2009)?Person is under 1 year old - SKIP to question 16Yes, this house - SKIP to question 16No, different house
b. Where did this person live 1 year ago?

Name of the Island in the U.S. Virgin Islands, or the name of U.S. State, commonwealth, territory, or foreign country

c. Name of city, town, or village
16. Is this person CURRENTLY covered by any of the following types of health insarance oy health coverage plans? Mark "Yes" or "No"for EACH type of coverage in items $a-g$.
a. Insurance through a current orforme employer or union (of this persomor another family member)
b. Insurance purchased directly troman insurance company (oy this person or another family memiber)
c. Medicare, for people 65-and older, or people with certain disabilities
d. Medicaid, Medical. Assistance, or any kind of federaigovernment-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. Any other type of health insurance or health coverage plan - Specify z

$\square$

17a. Is this person deaf or does he/she have serious difficulty hearing?

Yes
$\square$ No
b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
Yes

Answer questions 18a-c if this person is 5 years old or over. Otherwise, SKIP to question 47.

18a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
b. Does this person have serious difficulty waiking or ofimbing stairs?

Na)
Does this person have difficulty dressing or bathing?

Yes
No
Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to question 47.
19. 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?
$\square$ No
20. What is this person's marital status?Now married
WidowedDivorcedSeparated
$\square$ Never married
21. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.
$\square$ None OR Number of children
$\square$

## Person 1-Continued

22a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
$\qquad$ YesNo - SKIP to question 23
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 23c. 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
23. 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 dutyYes, on active duty during the last 12 moniths, but not nowYes, on active duty in the pastrout not during the last 12 monthsNo, training for Reserves or Nationał Guard only - SKIP to question $25 a$No, never served in the military - SKIP to question 26a
24. When did this person serve on active duty in the U.S. Armed Forces? Mark $\boldsymbol{X}$ a box for EACH peribain which this person served, even if just for pant of the period.September 2001 or laterAugust 1990 to August 2001 (including
Persian Gulf War)September 1980 to July 1990May 1975 to August 1980Vietnam era (August 1964 to April 1975)March 1961 to July 1964February 1955 to February 1961Korean War (July 1950 to January 1955)January 1947 to June 1950World War II (December 1941 to December 1946)November 1941 or earlier

25a. Does this person have a VA service-connected disability rating?

Yes (such as 0\%, 10\%, 20\%, ..., 100\%)
No - SKIP to question 26a
b. What is this person's service-connected disability rating?0 percent
10 or 20 percent30 or 40 percent
50 or 60 percent70 percent or higher
26a. LAST WEEK, did this person work for pay at a job (or business)?Yes - SKIP to question 27No, did not work (or retired)
b. LAST WEEK, did this person do ANY work for pay, even for as ittle as one hour?
$\qquad$ Yes
No Sky to question 32a
27. At what location did this person work LAST
witere? If this person worked at more than one yocation, print where he or she worked most last week.

Name of the island in the U.S. Virgin Islands, or name of U.S. state, commonwealth, territory, or foreign country
b. Name of city, town, or village
$\square$
28. How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark $\boldsymbol{X}$ the box of the one used for most of the distance.Car, truck, or vanBus (including Vitran or Vitran Plus)Taxicab
MotorcycleSafari or taxi busFerryboat or water taxi
$\square$ Plane or seaplaneWalkedWorked at home - SKIP to question 36
Other method

## Person 1-Continued

Answer question 29 if you marked "Car, truck, or van" in question 28. Otherwise, SKIP to question 30.
29. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
Person(s)

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

31. How many minutes did it usually take this person to get from home to work LAST WEEK?
Minutes
$\square$
Answer questions 32-35 if this person did NOT work last week. Otherwise, SKIP to question 36.

32a. LAST WEEK, was this person on layoff from a job?
$\square$ Yes - SKIP to question 32c
$\square$ No
b. LAST WEEK, was this person TEMPORARLIY absent from a job or business?
$\square$ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons bad weather, etc. - SKIP to question 35No - SKIP to question 33
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?
1 Yes - SKIR to question 34
$\square$
No
33. During the LAST 4 WEEKS, has this person been ACTVEELY looking for work?YesNo - SKIP to question 35
34. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
$\square$ Yes, could have gone to workNo, because of own temporary illnessNo, because of all other reasons (in school, etc.)
35. When did this person last work, even for a few days?

2005 to 2010
$\square 2004$ or earlier, or never worked - SKIP to question 45

36-41. 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.
36. Was this person Mark $X$ ONE box.
$\square$ An employee ofa RRIVATE FOR-PROFIT company or business or of an individual, for wages, salan or commissions?
$\square$ An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?Aloca GOVVRNMENT employee (territorial, etc.)? A téderal GOVERNMENT employee? SEL F-EMPLOYED in own NOT INCORPORATED ousiness, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? $\square$ Working WITHOUT PAY in family business or farm?
37. For whom did this person work? If now on active duty in the Armed Forces, mark $\boldsymbol{X}$ this box and print the branch of the Armed Forces.
Name of company, business, or other employer
$\square$
$\square$
$\square$

## Person 1-Continued

38. What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)

39. Is this mainly - Mark X ONE box.Manufacturing?
Wholesale trade?Retail trade?
Other (agriculture, construction, service, government, etc.)?
40. What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

41. What were this person's most important activities or duties? (For example; patientcare, directing hiring policies, supervising order cierks, typing and filing, reconciling financial recordsl)

42. LAST YEAR, zen9, did this person work at a job or business at any time?
$\square$ Yes
$\square$ No - SKIP to question 45
43a. During 2009 (all 52 weeks), did this person work 50 or more weeks? Count paid time off as work.Yes - SKIP to question 44
No

43b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?

50 to 52 weeks48 to 49 weeks
40 to 47 weeks
27 to 39 weeks
14 to 26 weeks13 weeks or less
44. During 2009, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
Usual hours worked each MOEEV

45. INCOME IN 2009

Mark X the "Yes" box for each income source received during 2009 , and enter the total amount received during 2009 to a maximum of \$999,999 (\$99,999 for questions 45d and 45e). Mark X the "No" ibox iftibe income source was not received.
ifnetircome was a loss, enter the amount and mark $X$ the "LDss" box next to the dollar amount.

For income received jointly, report the appropriate share for each person - or, if that's not possible, report the whole amount for only one person and mark X the "No" box for the other person. If exact amount is not known, please give best estimate.
a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.


## Person 1-Continued

45d. Social Security or Railroad Retirement.

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

f. Retirement, survivor, or disability pensions. Do NOT include Social Security.

Annual amount - Dollars
Yes $\longrightarrow \$$
$\square \mathrm{N}$
$\square$ .00
g. 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.

. 00
46. What was this person's total incomeduring 2009? Add entries in questions 45a-459; sumiract any losses. If net income was a loss, enter the amount and mark $X$ the "Loss" box next to the dolial amount.

Annual amont-DoHars LossNone OR


Please answer questions $47-71$ about your household.
47. Which best describes this building? Include all apartments, flats, etc., even if vacant.A mobite home
A one-farnity house detached from any other houseA one-family house attached to one or more housesA building with 2 apartmentsA building with 3 or 4 apartmentsA building with 5 to 9 apartmentsA building with 10 to 19 apartmentsA building with 20 or more apartmentsA boat or houseboat$R V$, van, etc.

## hamelon?

Less than 1 acre - SKIP to question 52 1 to 9.9 acres10 or more acres
51. In 2009, what were the actual sales of all
agricultural products from this property?None
\$1 to \$999\$1,000 to \$2,499\$2,500 to \$4,999
\$5,000 to \$9,999$\$ 10,000$ or more
48. About when was this building first built?
$\square 2009$ or 2010
$\square 2000$ to 2008
$\square 1990$ to 1999
$\square 1980$ to 1989
$\square 1970$ to 1979
$\square 1960$ to 1969
$\square 1950$ to 1959
$\square 1940$ to 1949
$\square 1939$ or earlier
49. When did PERSON 1 (listed an page 2) move into this house, apartment, or mobile home?2009 or 2010
2000 to 20081990 to 1999
1980 to 19891970 to 1979
1969 or earlier


Answer questions 50-52 if this is a HOUSE or a MOBILE KAPME. Qtherwise, SKIP to question 52.
0. Now rnany acres is this house or mobile

Is there a business (such as a store or barber shop) or a medical office on this property?
$\square$ No

## Person 1-Continued

53a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go 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 X "No bedroom."No bedroom1 bedroom2 bedrooms3 bedrooms4 bedrooms5 or more bedrooms

54. Does this house, apartment, or mobile home have -
a. Hot and cold running water?
b. A flush toilet?
c. A bathtub or shower?
d. A sink with a faucet?
e. A stove or range?
f. A refrigerator?
55. Does this house, apartment, or mobile home have telephone service from which you can both make and receive calls?

Yes, a celi or mobile phone onlyYes, âlandtine onlyYes, botha cell or mobile phone and a landlineNo
56. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household?None1
$\square 2$
$\square 3$
$\square 4$
$\square 5$6 or more
57. Which FUEL is used MOST for cooking in this house, apartment, or mobile home? Mark X ONE box.
$\square$ Gas: bottled or tankElectricityFuel oil, kerosene, etc.Wood or charcoal
Other fuel
$\square$ No fuel used
58a. 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 592
b. Do you or any member of this household have an Internet conmection at this house, apartment, or mobile home?Yes
No
59a. Do youger water from - Mark X ONE box.
A public system only?
A public system and cistern?
A cistern, tanks, or drums only?
A public standpipe?
Some other source (an individual well or spring)?
b. During the past month, did anyone in this house, apartment, or mobile home purchase any water from - Mark $X$ all that apply.A water delivery vendor?A supermarket or grocery store?Neither of the above
60. Is this building connected to a public sewer?Yes, connected to a public sewerNo, connected to a septic tank or cesspoolNo, use other means
61. Is this living quarters part of a condominium?
YesNo

## Person 1-Continued

62a. What is the average monthly cost for electricity for this house, apartment, or mobile home?

Average monthly cost - Dollars


OR
Included in rent or condominium fee
$\square$ No charge or electricity not used
b. What is the average monthly cost for gas for this house, apartment, or mobile home?

Average monthly cost - Dollars


## OR

Included in rent or condominium feeIncluded in electricity payment entered aboveNo charge or gas not used
c. What is the average monthly cost for water and sewer for this house, apartment, or mobile home?
Average monthly cost - Dollars


## OR

I Included in rent or condominium feeNo charge
d. What is the average monthly east for oil, coal, kerosene, wood, eterion this house, apartment, or mobile home?
Average monthly cost/Dohiars


ORIncluded in rents or condominium fee
No charge or these fuels not used
63. Is this house, apartment, or mobile home Mark X ONE box.
$\square$ 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?

Answer questions 64a and 64b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 65.

64a. What is the monthly rent for this house, apartment, or mobile home?

Monthly amount - Dollars
\$
 . 00
b. Does the monthly rent include any meals?
Yes
No

65-71. Answer questions 65-71 if you orsomeone else in this household OWNS or S BUYING this house, apartment, ormabie home. Otherwise, SKIP to the questions for Person 2.
65. About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would seli for if it were for sale?
Amount - Dollars

.00
66. What were the real estate taxes on THIS property last year?

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

Annual amount - Dollars


## Person 1-Continued

68a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?
$\square$ Yes, mortgage, deed of trust, or similar debtYes, contract to purchaseNo - SKIP to question 69a
b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.
Monthly amount - Dollars
\$ $\square$

## OR

 . 00No regular payment required - SKIP to question 69ac. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?Yes, taxes included in mortgage paymentNo, taxes paid separately or taxes not required
d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?Yes, insurance included in mortgage paymentNo, insurance paid separately or no insurance
69a. Do you or any member of this household have a second mortgage or home equity loan on THIS property?Yes, a home equity loanYes, a second mortgageYes, both second mortgage and nome equity loanNo - SKIP to question 70
b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on ThiS property?

$\square$ No regular payment required

Answer question 70 ONLY if this is a CONDOMINIUM.
70. What is the monthly condominium fee?

Monthly amount - Dollars


Answer question 71 if this is a MOBILE HOME or a BOAT. Otherwise, SKIP to the questions for Person 2 on page 13.
71. What was the total annual cost for installment loan payments, personal property taxes, site rent marina fee, registration fees, andicense fees on THIS mobile home or boat and its site/slip last year? Exclude real estate taxes.


Are there more people living here? If YES, continue mithsperson 2 on the next page.

## Person 2

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

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

## Husband or wife

Biological son or daughterAdopted son or daughterStepson or stepdaughterBrowber or sister
Father or mother
Grandchild
Son-in-law or daughter-in-law

Other relativeRoomer or boarder
Housemate or roommate Unmarried partner
Parent-in-law

Other nonrelative

For Persons 3-6, repeat questions 1-46 of Person 2.

For Persons 3-6, repeat questions 1-46 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.


[^0]:    Form D-61 VI

