

# Census Household Form

## GENERAL INSTRUCTIONS

Use this census form or respond online to provide information for:

- Anyone who, on October 1, 2012, was living or staying at the address printed on this form.
- Anyone who lives and sleeps most of the time at the address printed on this form.

You **MUST RESPOND ONLINE** if:

- You moved into this address after October 1, 2012.
- The address printed on the back of the form was vacant on October 1.
- The address printed on the back of the form is a seasonal home which is mostly vacant

You may use this census form or respond online:

- If you moved into this address on or before October 1.

Go to [www.census.gov](http://www.census.gov) to find out how to respond online.

**1. The Census must count every person living in the United States on October 1, 2012, where they live and sleep most of the time.**

**How many people were living or staying at this address on October 1, 2012?**

= Number of people for Question 1

**2. Were there any additional people staying here on October 1, 2012 who you did not include in Question 1?**

Yes  No

**Babies?**

Yes  No

**Foster children?**

Yes  No

**Any other relatives?**

Yes  No

**Roommates or people not related to you?**

Yes  No

**People staying here temporarily?**

Yes  No

**Anyone staying here who had no permanent place to live?**

= Number of NEW people not already counted in Question1

**3. Is this house, apartment, or mobile home—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?

**4. What is your telephone number?**

<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"/>
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On the inside of this form, list all the people that you identified in Questions 1 and 2.

# Census Household Form

## Person 1

5. Please provide information for each person counted in Questions 1 and 2. Start with a 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.

What is Person 1's name? Print name below

First Name  MI

Last Name

6. What is Person 1's sex? Mark  ONE box.

- Male  
 Female

7. What is Person 1's age and what is Person 1's date of birth? Please report babies as age 0 when the child is less than 1 year old.

Age on October 1, 2012       Print Numbers in Boxes  
Month       Day       Year

8. Is Person 1 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin  
 Yes, Mexican, Mexican American, Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, another Hispanic, Latino, or Spanish origin—Print origin, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on

9. What is Person 1's race? Mark  ONE or more boxes.

- White  
 Black, African American, or Negro  
 American Indian or Alaska Native—Print name of enrolled or principal tribe
- Asian Indian     Japanese     Native Hawaiian  
 Chinese         Korean        Guamanian or Chamorro  
 Filipino         Vietnamese    Samoan  
 Other Asian—Print race, for example Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.     Other Pacific Islander—Print race, for example, Fijian, Tongan, and so on.

Some other race—Print race

→ Continue to Question 10

## Census Household Form

### 10. Does Person 1 sometimes live or stay somewhere else?

Mark  all that apply

- Yes, for college (on or off campus)
- Yes, in the military
- Yes, for a job or business
- Yes, with a parent or grandparent
- Yes, with a friend
- Yes, at another home, like a second or seasonal residence
- Yes, at another place
- No, does not live or stay somewhere else

### 11. On October 1, 2012, did Person 1 stay in a facility, like those listed below?

- Yes, in jail or prison
- Yes, in a nursing home or group home
- Yes, in a shelter
- Yes, in another type of facility
- No, did not stay in a facility on October 1

### 12. Did Person 1 move into this address after September 1, 2012?

- Yes—what date? \_\_\_\_\_
- No

### 13. If you marked yes above indicating that Person 1 stays somewhere else or has moved, please provide the full address of the other place mentioned in Question 10, 11 or 12. Provide as much address information as possible. If you do not know the full address provide whatever you can such as neighborhood, cross streets or facility name. If there is more than one place, provide the other address where Person 1 was most of the time.

Street Address (House Number and Street Name)

Apartment Number

City State ZIP Code

County/Township/Parish

Facility name (if necessary):

Other location information (if necessary):

### 14. Where does Person 1 live or stay most of the time?

- The address printed on the back of this questionnaire
- The address or location listed in Question 13
- Both places equally

### 15. On October 1, 2012, where was Person 1 staying?

- The address printed on the back of this questionnaire
- The address or location you listed in Question 13
- Some other place

→ If more people were counted in Question 1 or 2, continue.

## Census Household Form

### Person 2

**1. What is Person 2's name? Print name below**

First Name  MI

Last Name

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

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

**3. What is Person 2's sex? Mark  ONE box.**

- Male  
 Female

**4. What is Person 2's age and what is Person 2's date of birth? Please report babies as age 0 when the child is less than 1 year old.**

Age on October 1, 2012

Print Numbers in Boxes

Month	Day	Year
<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

**5. Is Person 2 of Hispanic, Latino, or Spanish origin?**

- No**, not of Hispanic, Latino, or Spanish origin  
 Yes, Mexican, Mexican American, Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, another Hispanic, Latino, or Spanish origin—*Print origin, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on*
- 

**6. What is Person 2's race? Mark  one or more boxes.**

- White  
 Black, African American, or Negro  
 American Indian or Alaska Native—*Print name of enrolled or principal tribe*
- 
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Native Hawaiian       |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Korean   | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> Samoan                |
| <input type="checkbox"/> Other Asian— <i>Print race, for example Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> | <input type="checkbox"/> Other Pacific Islander— <i>Print race, for example, Fijian, Tongan, and so on.</i> |  |
- 

- Some other race**—*Print race*
- 

➔ Continue to Question 7

**7. Does Person 2 sometimes live or stay somewhere else?**

Mark  all that apply

- Yes, for college (on or off campus)  
 Yes, in the military  
 Yes, for a job or business  
 Yes, with a parent or grandparent  
 Yes, with a friend  
 Yes, at another home, like a second or seasonal residence  
 Yes, at another place  
 No, does not live or stay somewhere else

**8. On October 1, 2012, did Person 2 stay in a facility, like those listed below?**

- Yes, in jail or prison  
 Yes, in a nursing home or group home  
 Yes, in a shelter  
 Yes, in another type of facility  
 No, did not stay in a facility on October 1

**9. Did Person 2 move into this address after September 1, 2012?**

- Yes—what date? \_\_\_\_\_  
 No

**10. If you marked yes above indicating that Person 2 stays somewhere else or has moved, please provide the full address of the other place mentioned in Question 7, 8, or 9. Provide as much address information as possible. If you do not know the full address provide whatever you can such as neighborhood, cross streets or facility name. If there is more than one place, provide the other address where Person 2 was most of the time.**

Street Address (House Number and Street Name)

Apartment Number

City State ZIP Code

County/Township/Parish

Facility name (if necessary):

Other location information (if necessary):

**11. Where does Person 2 live or stay most of the time?**

- The address printed on the back of this questionnaire  
 The address or location listed in Question 10  
 Both places equally

**12. On October 1, 2012, where was Person 2 staying?**

- The address printed on the back of this questionnaire  
 The address or location you listed in Question 10  
 Some other place

➔ If more people were counted in Question 1 or 2, continue.

## Census Household Form

### Person 3

**1. What is Person 3's name? Print name below**

First Name  MI

Last Name

**2. How is Person 3 related to Person 1? Mark  ONE box.**

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

**3. What is Person 3's sex? Mark  ONE box.**

- Male  
 Female

**4. What is Person 3's age and what is Person 2's date of birth? Please report babies as age 0 when the child is less than 1 year old.**

Age on October 1, 2012

Print Numbers in Boxes

Month	Day	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**5. Is Person 3 of Hispanic, Latino, or Spanish origin?**

- No, not of Hispanic, Latino, or Spanish origin  
 Yes, Mexican, Mexican American, Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, another Hispanic, Latino, or Spanish origin—*Print origin, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on*

**6. What is Person 3's race? Mark  one or more boxes.**

- White  
 Black, African American, or Negro  
 American Indian or Alaska Native—*Print name of enrolled or principal tribe*
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Native Hawaiian       |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Korean   | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> Samoan                |
| <input type="checkbox"/> Other Asian— <i>Print race, for example Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> | <input type="checkbox"/> Other Pacific Islander— <i>Print race, for example, Fijian, Tongan, and so on.</i> |  |

Some other race—*Print race*

➔ Continue to Question 7

**7. Does Person 3 sometimes live or stay somewhere else?**

Mark  all that apply

- Yes, for college (on or off campus)  
 Yes, in the military  
 Yes, for a job or business  
 Yes, with a parent or grandparent  
 Yes, with a friend  
 Yes, at another home, like a second or seasonal residence  
 Yes, at another place  
 No, does not live or stay somewhere else

**8. On October 1, 2012, did Person 3 stay in a facility, like those listed below?**

- Yes, in jail or prison  
 Yes, in a nursing home or group home  
 Yes, in a shelter  
 Yes, in another type of facility  
 No, did not stay in a facility on October 1

**9. Did Person 3 move into this address after September 1, 2012?**

- Yes—what date? \_\_\_\_\_  
 No

**10. If you marked yes above indicating that Person 3 stays somewhere else or has moved, please provide the full address of the other place mentioned in Question 7, 8, or 9. Provide as much address information as possible. If you do not know the full address provide whatever you can such as neighborhood, cross streets or facility name. If there is more than one place, provide the other address where Person 3 was most of the time.**

Street Address (House Number and Street Name)

Apartment Number

City State ZIP Code

County/Township/Parish

Facility name (if necessary):

Other location information (if necessary):

**11. Where does Person 3 live or stay most of the time?**

- The address printed on the back of this questionnaire  
 The address or location listed in Question 10  
 Both places equally

**12. On October 1, 2012, where was Person 3 staying?**

- The address printed on the back of this questionnaire  
 The address or location you listed in Question 10  
 Some other place

➔ If more people were counted in Question 1 or 2, continue.

### Person 4

## Census Household Form

**1. What is Person 4's name? Print name below**

First Name  MI   
 Last Name

**2. How is Person 4 related to Person 1? Mark  ONE box.**

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

**3. What is Person 4's sex? Mark  ONE box.**

- Male  
 Female

**4. What is Person 4's age and what is Person 4's date of birth? Please report babies as age 0 when the child is less than 1 year old.**

Print Numbers in Boxes

Age on October 1, 2012      Month      Day      Year

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**5. Is Person 4 of Hispanic, Latino, or Spanish origin?**

- No, not of Hispanic, Latino, or Spanish origin  
 Yes, Mexican, Mexican American, Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, another Hispanic, Latino, or Spanish origin—*Print origin, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on*
- 

**6. What is Person 4's race? Mark  one or more boxes.**

- White  
 Black, African American, or Negro  
 American Indian or Alaska Native—*Print name of enrolled or principal tribe*
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Native Hawaiian       |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Korean   | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> Samoan                |
| <input type="checkbox"/> Other Asian— <i>Print race, for example Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> | <input type="checkbox"/> Other Pacific Islander— <i>Print race, for example, Fijian, Tongan, and so on.</i> |  |
- 

Some other race—*Print race*

➔ Continue to Question 7

**7. Does Person 4 sometimes live or stay somewhere else?**

- Mark  all that apply
- Yes, for college (on or off campus)  
 Yes, in the military  
 Yes, for a job or business  
 Yes, with a parent or grandparent  
 Yes, with a friend  
 Yes, at another home, like a second or seasonal residence  
 Yes, at another place  
 No, does not live or stay somewhere else

**8. On October 1, 2012, did Person 4 stay in a facility, like those listed below?**

- Yes, in jail or prison  
 Yes, in a nursing home or group home  
 Yes, in a shelter  
 Yes, in another type of facility  
 No, did not stay in a facility on October 1

**9. Did Person 4 move into this address after September 1, 2012?**

- Yes—what date? \_\_\_\_\_  
 No

**10. If you marked yes above indicating that Person 4 stays somewhere else or has moved, please provide the full address of the other place mentioned in Question 7, 8, or 9. Provide as much address information as possible. If you do not know the full address provide whatever you can such as neighborhood, cross streets or facility name. If there is more than one place, provide the other address where Person 4 was most of the time.**

Street Address (House Number and Street Name)

Apartment Number

City State ZIP Code

County/Township/Parish

Facility name (if necessary):

Other location information (if necessary):

**11. Where does Person 4 live or stay most of the time?**

- The address printed on the back of this questionnaire  
 The address or location listed in Question 10  
 Both places equally

**12. On October 1, 2012, where was Person 4 staying?**

- The address printed on the back of this questionnaire  
 The address or location you listed in Question 10  
 Some other place

➔ If more people were counted in Question 1 or 2, continue.

## Census Household Form

### Person 5

**1. What is Person 5's name? Print name below**

First Name  MI

Last Name

**2. How is Person 5 related to Person 1? Mark  ONE box.**

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

**3. What is Person 5's sex? Mark  ONE box.**

- Male  
 Female

**4. What is Person 5's age and what is Person 5's date of birth? Please report babies as age 0 when the child is less than 1 year old.**

Age on October 1, 2012

Print Numbers in Boxes

Month	Day	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**5. Is Person 5 of Hispanic, Latino, or Spanish origin?**

- No, not of Hispanic, Latino, or Spanish origin  
 Yes, Mexican, Mexican American, Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, another Hispanic, Latino, or Spanish origin—*Print origin, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on*

**6. What is Person 5's race? Mark  one or more boxes.**

- White  
 Black, African American, or Negro  
 American Indian or Alaska Native—*Print name of enrolled or principal tribe*
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Native Hawaiian       |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Korean   | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> Samoan                |
| <input type="checkbox"/> Other Asian— <i>Print race, for example Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> | <input type="checkbox"/> Other Pacific Islander— <i>Print race, for example, Fijian, Tongan, and so on.</i> |  |

Some other race—*Print race*

➔ Continue to Question 7

**7. Does Person 5 sometimes live or stay somewhere else?**

Mark  all that apply

- Yes, for college (on or off campus)  
 Yes, in the military  
 Yes, for a job or business  
 Yes, with a parent or grandparent  
 Yes, with a friend  
 Yes, at another home, like a second or seasonal residence  
 Yes, at another place  
 No, does not live or stay somewhere else

**8. On October 1, 2012, did Person 5 stay in a facility, like those listed below?**

- Yes, in jail or prison  
 Yes, in a nursing home or group home  
 Yes, in a shelter  
 Yes, in another type of facility  
 No, did not stay in a facility on October 1

**9. Did Person 5 move into this address after September 1, 2012?**

- Yes—what date? \_\_\_\_\_  
 No

**10. If you marked yes above indicating that Person 5 stays somewhere else or has moved, please provide the full address of the other place mentioned in Question 7, 8, or 9. Provide as much address information as possible. If you do not know the full address provide whatever you can such as neighborhood, cross streets or facility name. If there is more than one place, provide the other address where Person 5 was most of the time.**

Street Address (House Number and Street Name)

Apartment Number

City State ZIP Code

County/Township/Parish

Facility name (if necessary):

Other location information (if necessary):

**11. Where does Person 5 live or stay most of the time?**

- The address printed on the back of this questionnaire  
 The address or location listed in Question 10  
 Both places equally

**12. On October 1, 2012, where was Person 5 staying?**

- The address printed on the back of this questionnaire  
 The address or location you listed in Question 10  
 Some other place

➔ If more people were counted in Question 1 or 2, continue.

### Person 6



## Census Household Form

**1. What is Person 6's name? Print name below**

First Name  MI   
 Last Name

**2. How is Person 6 related to Person 1? Mark  ONE box.**

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

**3. What is Person 6's sex? Mark  ONE box.**

- Male  
 Female

**4. What is Person 6's age and what is Person 6's date of birth? Please report babies as age 0 when the child is less than 1 year old.**

Print Numbers in Boxes

Age on October 1, 2012      Month      Day      Year

--	--	--	--	--	--	--	--	--	--

**5. Is Person 6 of Hispanic, Latino, or Spanish origin?**

- No, not of Hispanic, Latino, or Spanish origin  
 Yes, Mexican, Mexican American, Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, another Hispanic, Latino, or Spanish origin—*Print origin, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on*
- 

**6. What is Person 6's race? Mark  one or more boxes.**

- White  
 Black, African American, or Negro  
 American Indian or Alaska Native—*Print name of enrolled or principal tribe*
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Native Hawaiian       |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Korean   | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> Samoan                |
| <input type="checkbox"/> Other Asian— <i>Print race, for example Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> | <input type="checkbox"/> Other Pacific Islander— <i>Print race, for example, Fijian, Tongan, and so on.</i> |  |
- 

Some other race—*Print race*

➔ Continue to Question 7

**7. Does Person 6 sometimes live or stay somewhere else?**

- Mark  all that apply
- Yes, for college (on or off campus)  
 Yes, in the military  
 Yes, for a job or business  
 Yes, with a parent or grandparent  
 Yes, with a friend  
 Yes, at another home, like a second or seasonal residence  
 Yes, at another place  
 No, does not live or stay somewhere else

**8. On October 1, 2012, did Person 6 stay in a facility, like those listed below?**

- Yes, in jail or prison  
 Yes, in a nursing home or group home  
 Yes, in a shelter  
 Yes, in another type of facility  
 No, did not stay in a facility on October 1

**9. Did Person 6 move into this address after September 1, 2012?**

- Yes—what date? \_\_\_\_\_  
 No

**10. If you marked yes above indicating that Person 6 stays somewhere else or has moved, please provide the full address of the other place mentioned in Question 7, 8, or 9. Provide as much address information as possible. If you do not know the full address provide whatever you can such as neighborhood, cross streets or facility name. If there is more than one place, provide the other address where Person 6 was most of the time.**

Street Address (House Number and Street Name)

Apartment Number

City State ZIP Code

County/Township/Parish

Facility name (if necessary):

Other location information (if necessary):

**11. Where does Person 6 live or stay most of the time?**

- The address printed on the back of this questionnaire  
 The address or location listed in Question 10  
 Both places equally

**12. On October 1, 2012, where was Person 6 staying?**

- The address printed on the back of this questionnaire  
 The address or location you listed in Question 10  
 Some other place

➔ If more people were counted in Question 1 or 2, continue.



## Census Household Form

### Person 7

**1. What is Person 7's name? Print name below**

First Name  MI

Last Name

**2. How is Person 7 related to Person 1? Mark  ONE box.**

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

**3. What is Person 7's sex? Mark  ONE box.**

- Male  
 Female

**4. What is Person 7's age and what is Person 7's date of birth? Please report babies as age 0 when the child is less than 1 year old.**

Age on October 1, 2012

Print Numbers in Boxes

Month	Day	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**5. Is Person 7 of Hispanic, Latino, or Spanish origin?**

- No, not of Hispanic, Latino, or Spanish origin  
 Yes, Mexican, Mexican American, Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, another Hispanic, Latino, or Spanish origin—*Print origin, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on*

**6. What is Person 7's race? Mark  one or more boxes.**

- White  
 Black, African American, or Negro  
 American Indian or Alaska Native—*Print name of enrolled or principal tribe*
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Native Hawaiian       |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Korean   | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> Samoan                |
| <input type="checkbox"/> Other Asian— <i>Print race, for example Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> | <input type="checkbox"/> Other Pacific Islander— <i>Print race, for example, Fijian, Tongan, and so on.</i> |  |

Some other race—*Print race*

➔ Continue to Question 7

**7. Does Person 7 sometimes live or stay somewhere else?**

Mark  all that apply

- Yes, for college (on or off campus)  
 Yes, in the military  
 Yes, for a job or business  
 Yes, with a parent or grandparent  
 Yes, with a friend  
 Yes, at another home, like a second or seasonal residence  
 Yes, at another place  
 No - does not live or stay somewhere else

**8. On October 1, 2012, did Person 7 stay in a facility, like those listed below?**

- Yes, in jail or prison  
 Yes, in a nursing home or group home  
 Yes, in a shelter  
 Yes, in another type of facility  
 No - did not stay in a facility on October 1

**9. Did Person 7 move into this address after September 1, 2012?**

- Yes—what date? \_\_\_\_\_  
 No

**10. If you marked yes above indicating that Person 1 stays somewhere else or has moved, please provide the full address of the other place mentioned in Question 7, 8, or 9. Provide as much address information as possible. If you do not know the full address provide whatever you can such as neighborhood, cross streets or facility name. If there is more than one place, provide the other address where person was most of the time.**

Street Address (House Number and Street Name)

Apartment Number

City Code State ZIP

County/Township/Parish

Facility name (if necessary):

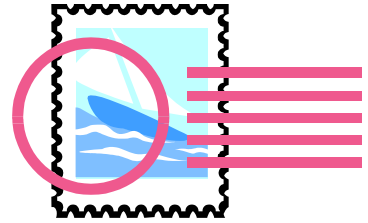
Other location information (if necessary):

**11. Where does Person 7 live or stay most of the time?**

- The address printed on the back of this questionnaire  
 The address or location listed in Question 10  
 Both places equally

**12. On October 1, 2012, where was Person 7 staying?**

- The address printed on the back of this questionnaire  
 The address or location you listed in Question 10  
 Some other place



**RESIDENT AT:**

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