

11124013

Use a blue or black pen.

Or go to <https://respond.census.gov/censustest> to complete the 2014 Census Test.

Start here

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 July 1, 2014.
- 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 Bureau must also include people without a permanent place to stay, so:

- If someone who has no permanent place to stay is staying here on July 1, 2014, count that person.

1. How many people were living or staying in this house, apartment, or mobile home on July 1, 2014?

Number of people =

2. Were there any additional people staying here July 1, 2014 that you did not include in Question 1?

Mark all that apply.

- Children, such as newborn babies or foster children
- Relatives, such as adult children, cousins, or in-laws
- Nonrelatives, such as roommates or live-in baby sitters
- People staying here temporarily
- No additional people

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? We may call if we don't understand an answer.

Area Code + Number

 - -

OMB No. xxxx-xxxx: Approval Expires xx/xx/xxxx

Form DC-1B (DRAFT)



Person 1

5. Please provide information for each person living here. 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.

Last Name

First Name

MI

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

- Male Female

7. 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.

Print numbers in boxes.

Age on July 1, 2014	Month	Day	Year of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. What is this person's race or origin? Mark one or more boxes AND write in the specific race(s) or origin(s).

- White — Print origin(s), for example, German, Irish, English, Italian, Lebanese, Egyptian, and so on. ↗

- Hispanic, Latino, or Spanish origin — Print origin(s), for example, Mexican or Mexican American, Puerto Rican, Cuban, Dominican, Salvadoran, Colombian, and so on. ↗

- Black or African Am. — Print origin(s), for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, and so on. ↗

- Asian — Print origin(s), for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, and so on. ↗

- American Indian or Alaska Native — Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government, and so on. ↗

- Native Hawaiian or Other Pacific Islander — Print origin(s), for example, Native Hawaiian, Samoan, Guamanian or Chamorro, Tongan, Fijian, Marshallese, and so on. ↗

- Some other race or origin — Print race(s) or origin(s). ↗

9. Does Person 1 sometimes live or stay somewhere else?

- No → SKIP to Person 2, if more people live here.
- Yes — Mark all that apply.
- | | |
|--|--|
| <input type="checkbox"/> In college housing | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> In the military | <input type="checkbox"/> In jail or prison |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> In a nursing home |
| <input type="checkbox"/> For child custody | <input type="checkbox"/> For another reason |

10. If you marked yes to Question 9, please provide the full address of the other place where Person 1 sometimes lives or stays.

House Number

Street Name

Apartment Number

Rural Route Address

City

State

ZIP Code

County

→ NOTE: If there is no street address or if this is a facility, please print a description in the boxes below.

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

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

12. On July 1, 2014, where was Person 1 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, continue with Person 2.

→ Continue to Question 9.



1. Print name of Person 3

Last Name

First Name

MI

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

- | | |
|---|--|
| <input type="checkbox"/> Opposite-sex husband/wife/spouse | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Opposite-sex unmarried partner | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Same-sex husband/wife/spouse | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Same-sex unmarried partner | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Father or mother | |

3. What is this person's sex? Mark ONE box.

- Male Female

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. Print numbers in boxes.

Age on July 1, 2014	Month	Day	Year of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. What is this person's race or origin? Mark one or more boxes AND write in the specific race(s) or origin(s).

- White — Print origin(s), for example, German, Irish, English, Italian, Lebanese, Egyptian, and so on. ↴
-
-
- Hispanic, Latino, or Spanish origin — Print origin(s), for example, Mexican or Mexican American, Puerto Rican, Cuban, Dominican, Salvadoran, Colombian, and so on. ↴
-
-
- Black or African Am. — Print origin(s), for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, and so on. ↴
-
-
- Asian — Print origin(s), for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, and so on. ↴
-
-
- American Indian or Alaska Native — Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government, and so on. ↴
-
-
- Native Hawaiian or Other Pacific Islander — Print origin(s), for example, Native Hawaiian, Samoan, Guamanian or Chamorro, Tongan, Fijian, Marshallese, and so on. ↴
-
-
- Some other race or origin — Print race(s) or origin(s). ↴
-

6. Does this person sometimes live or stay somewhere else?

- No → SKIP to the next person, if more people live here.
- Yes — Mark all that apply.
- | | |
|--|--|
| <input type="checkbox"/> In college housing | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> In the military | <input type="checkbox"/> In jail or prison |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> In a nursing home |
| <input type="checkbox"/> For child custody | <input type="checkbox"/> For another reason |

7. If you marked yes to Question 6, please provide the full address of the other place where this person sometimes lives or stays.

House Number

Street Name

Apartment Number

Rural Route Address

City

State ZIP Code

County

→ NOTE: If there is no street address or if this is a facility, please print a description in the boxes below.

8. Where does this person live or stay most of the time?

- The address printed on the back of this questionnaire
- The address or location you listed in Question 7
- Both places equally
- Some other place

9. On July 1, 2014, where was this person staying?

- The address printed on the back of this questionnaire
- The address or location you listed in Question 7
- Some other place

→ If more people were counted in Question 1 on the front page, continue with Person 4.

→ Continue to Question 6.



11124054

1. Print name of Person 4

Last Name

First Name

MI

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

- | | |
|---|--|
| <input type="checkbox"/> Opposite-sex husband/wife/spouse | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Opposite-sex unmarried partner | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Same-sex husband/wife/spouse | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Same-sex unmarried partner | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Father or mother | |

3. What is this person's sex? Mark ONE box.

-
- Male
-
- Female

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. Print numbers in boxes.

Age on July 1, 2014 Month Day Year of birth

5. What is this person's race or origin? Mark one or more boxes AND write in the specific race(s) or origin(s).

-
- White — Print origin(s), for example, German, Irish, English, Italian, Lebanese, Egyptian, and so on. ↗

-
- Hispanic, Latino, or Spanish origin — Print origin(s), for example, Mexican or Mexican American, Puerto Rican, Cuban, Dominican, Salvadoran, Colombian, and so on. ↗

-
- Black or African Am. — Print origin(s), for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, and so on. ↗

-
- Asian — Print origin(s), for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, and so on. ↗

-
- American Indian or Alaska Native — Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government, and so on. ↗

-
- Native Hawaiian or Other Pacific Islander — Print origin(s), for example, Native Hawaiian, Samoan, Guamanian or Chamorro, Tongan, Fijian, Marshallese, and so on. ↗

-
- Some other race or origin — Print race(s) or origin(s). ↗

→ Continue to Question 6.

6. Does this person sometimes live or stay somewhere else?

-
- No → SKIP to the next person, if more people live here.
-
-
- Yes — Mark
-
- all that apply.
- | | |
|--|--|
| <input type="checkbox"/> In college housing | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> In the military | <input type="checkbox"/> In jail or prison |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> In a nursing home |
| <input type="checkbox"/> For child custody | <input type="checkbox"/> For another reason |

7. If you marked yes to Question 6, please provide the full address of the other place where this person sometimes lives or stays.

House Number

Street Name

Apartment Number

Rural Route Address

City

State

ZIP Code

County

→ NOTE: If there is no street address or if this is a facility, please print a description in the boxes below.

8. Where does this person live or stay most of the time?

-
- The address printed on the back of this questionnaire
-
-
- The address or location you listed in Question 7
-
-
- Both places equally
-
-
- Some other place

9. On July 1, 2014, where was this person staying?

-
- The address printed on the back of this questionnaire
-
-
- The address or location you listed in Question 7
-
-
- Some other place

→ If more people were counted in Question 1 on the front page, continue with Person 5.



1. Print name of Person 5

Last Name

First Name

MI

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

- | | |
|---|--|
| <input type="checkbox"/> Opposite-sex husband/wife/spouse | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Opposite-sex unmarried partner | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Same-sex husband/wife/spouse | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Same-sex unmarried partner | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Father or mother | |

3. What is this person's sex? Mark ONE box.

- Male Female

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. Print numbers in boxes.

Age on July 1, 2014	Month	Day	Year of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. What is this person's race or origin? Mark one or more boxes AND write in the specific race(s) or origin(s).

- White — Print origin(s), for example, German, Irish, English, Italian, Lebanese, Egyptian, and so on. ↴
-
-
- Hispanic, Latino, or Spanish origin — Print origin(s), for example, Mexican or Mexican American, Puerto Rican, Cuban, Dominican, Salvadoran, Colombian, and so on. ↴
-
-
- Black or African Am. — Print origin(s), for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, and so on. ↴
-
-
- Asian — Print origin(s), for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, and so on. ↴
-
-
- American Indian or Alaska Native — Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government, and so on. ↴
-
-
- Native Hawaiian or Other Pacific Islander — Print origin(s), for example, Native Hawaiian, Samoan, Guamanian or Chamorro, Tongan, Fijian, Marshallese, and so on. ↴
-
-
- Some other race or origin — Print race(s) or origin(s). ↴
-

6. Does this person sometimes live or stay somewhere else?

- No → SKIP to the next person, if more people live here.
- Yes — Mark all that apply.
- | | |
|--|--|
| <input type="checkbox"/> In college housing | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> In the military | <input type="checkbox"/> In jail or prison |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> In a nursing home |
| <input type="checkbox"/> For child custody | <input type="checkbox"/> For another reason |

7. If you marked yes to Question 6, please provide the full address of the other place where this person sometimes lives or stays.

House Number

Street Name

Apartment Number

Rural Route Address

City

State ZIP Code

County

→ NOTE: If there is no street address or if this is a facility, please print a description in the boxes below.

8. Where does this person live or stay most of the time?

- The address printed on the back of this questionnaire
- The address or location you listed in Question 7
- Both places equally
- Some other place

9. On July 1, 2014, where was this person staying?

- The address printed on the back of this questionnaire
- The address or location you listed in Question 7
- Some other place

→ If more people were counted in Question 1 on the front page, continue with Person 6.

→ Continue to Question 6.



1. Print name of Person 7

Last Name

First Name

MI

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

- | | |
|---|--|
| <input type="checkbox"/> Opposite-sex husband/wife/spouse | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Opposite-sex unmarried partner | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Same-sex husband/wife/spouse | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Same-sex unmarried partner | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Father or mother | |

3. What is this person's sex? Mark ONE box.

- Male Female

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. Print numbers in boxes.

Age on July 1, 2014	Month	Day	Year of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. What is this person's race or origin? Mark one or more boxes AND write in the specific race(s) or origin(s).

- White — Print origin(s), for example, German, Irish, English, Italian, Lebanese, Egyptian, and so on. ↴
-
-
- Hispanic, Latino, or Spanish origin — Print origin(s), for example, Mexican or Mexican American, Puerto Rican, Cuban, Dominican, Salvadoran, Colombian, and so on. ↴
-
-
- Black or African Am. — Print origin(s), for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, and so on. ↴
-
-
- Asian — Print origin(s), for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, and so on. ↴
-
-
- American Indian or Alaska Native — Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government, and so on. ↴
-
-
- Native Hawaiian or Other Pacific Islander — Print origin(s), for example, Native Hawaiian, Samoan, Guamanian or Chamorro, Tongan, Fijian, Marshallese, and so on. ↴
-
-
- Some other race or origin — Print race(s) or origin(s). ↴
-

6. Does this person sometimes live or stay somewhere else?

- No → SKIP to the next person, if more people live here.
- Yes — Mark all that apply.
- | | |
|--|--|
| <input type="checkbox"/> In college housing | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> In the military | <input type="checkbox"/> In jail or prison |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> In a nursing home |
| <input type="checkbox"/> For child custody | <input type="checkbox"/> For another reason |

7. If you marked yes to Question 6, please provide the full address of the other place where this person sometimes lives or stays.

House Number

Street Name

Apartment Number

Rural Route Address

City

State ZIP Code

County

→ NOTE: If there is no street address or if this is a facility, please print a description in the boxes below.

8. Where does this person live or stay most of the time?

- The address printed on the back of this questionnaire
- The address or location you listed in Question 7
- Both places equally
- Some other place

9. On July 1, 2014, where was this person staying?

- The address printed on the back of this questionnaire
- The address or location you listed in Question 7
- Some other place

→ If more people were counted in Question 1 on the front page, continue with Person 8.

→ Continue to Question 6.



1. Print name of Person 9

Last Name

First Name

MI

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

- | | |
|---|--|
| <input type="checkbox"/> Opposite-sex husband/wife/spouse | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Opposite-sex unmarried partner | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Same-sex husband/wife/spouse | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Same-sex unmarried partner | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Father or mother | |

3. What is this person's sex? Mark ONE box.

- Male Female

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. Print numbers in boxes.

Age on July 1, 2014 Month Day Year of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5. What is this person's race or origin? Mark one or more boxes AND write in the specific race(s) or origin(s).

- White — Print origin(s), for example, German, Irish, English, Italian, Lebanese, Egyptian, and so on. ↴
-
-
- Hispanic, Latino, or Spanish origin — Print origin(s), for example, Mexican or Mexican American, Puerto Rican, Cuban, Dominican, Salvadoran, Colombian, and so on. ↴
-
-
- Black or African Am. — Print origin(s), for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, and so on. ↴
-
-
- Asian — Print origin(s), for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, and so on. ↴
-
-
- American Indian or Alaska Native — Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government, and so on. ↴
-
-
- Native Hawaiian or Other Pacific Islander — Print origin(s), for example, Native Hawaiian, Samoan, Guamanian or Chamorro, Tongan, Fijian, Marshallese, and so on. ↴
-
-
- Some other race or origin — Print race(s) or origin(s). ↴
-

6. Does this person sometimes live or stay somewhere else?

- No → SKIP to the next person, if more people live here.
- Yes — Mark all that apply.
- | | |
|--|--|
| <input type="checkbox"/> In college housing | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> In the military | <input type="checkbox"/> In jail or prison |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> In a nursing home |
| <input type="checkbox"/> For child custody | <input type="checkbox"/> For another reason |

7. If you marked yes to Question 6, please provide the full address of the other place where this person sometimes lives or stays.

House Number

Street Name

Apartment Number

Rural Route Address

City

State ZIP Code

County

→ NOTE: If there is no street address or if this is a facility, please print a description in the boxes below.

8. Where does this person live or stay most of the time?

- The address printed on the back of this questionnaire
- The address or location you listed in Question 7
- Both places equally
- Some other place

9. On July 1, 2014, where was this person staying?

- The address printed on the back of this questionnaire
- The address or location you listed in Question 7
- Some other place

→ If more people were counted in Question 1 on the front page, continue with Person 10.

→ Continue to Question 6.



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Use this section to complete information for the rest of the people you counted in Question 1 on the front page.
We may call for additional information about them.

Person 10

Last Name	First Name	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Sex	Age on July 1, 2014	Date of Birth	Related to Person 1?
<input type="checkbox"/> Male	<input type="text"/>	Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> Yes
<input type="checkbox"/> Female			<input type="checkbox"/> No

Person 11

Last Name	First Name	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Sex	Age on July 1, 2014	Date of Birth	Related to Person 1?
<input type="checkbox"/> Male	<input type="text"/>	Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> Yes
<input type="checkbox"/> Female			<input type="checkbox"/> No

Person 12

Last Name	First Name	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Sex	Age on July 1, 2014	Date of Birth	Related to Person 1?
<input type="checkbox"/> Male	<input type="text"/>	Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> Yes
<input type="checkbox"/> Female			<input type="checkbox"/> No

Person 13

Last Name	First Name	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Sex	Age on July 1, 2014	Date of Birth	Related to Person 1?
<input type="checkbox"/> Male	<input type="text"/>	Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> Yes
<input type="checkbox"/> Female			<input type="checkbox"/> No

Person 14

Last Name	First Name	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Sex	Age on July 1, 2014	Date of Birth	Related to Person 1?
<input type="checkbox"/> Male	<input type="text"/>	Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/>	<input type="checkbox"/> Yes
<input type="checkbox"/> Female			<input type="checkbox"/> No

***Thank you for completing the
2014 Census Test.***

FOR OFFICIAL USE ONLY

JIC1

JIC2



If your enclosed postage-paid envelope is missing, please mail your completed form to:

**U.S. Census Bureau
National Processing Center
1201 East 10th Street
Jeffersonville, IN 47132**

If you need help completing this form, call 1-866-226-2836, Monday through Saturday from 9:00 a.m. to 9:00 p.m. EST, and Sunday from 11:00 a.m. to 9:00 p.m. EST. The telephone call is free.

TDD — Telephone display device for the hearing impaired. Call 1-800-786-9448, Monday through Saturday from 9:00 a.m. to 9:00 p.m. EST, and Sunday from 11:00 a.m. to 9:00 p.m. EST. The telephone call is free.

¿NECESITA AYUDA? Si usted necesita ayuda para completar este cuestionario, llame al 1-888-262-5931 de lunes a sábado entre las 9:00 a.m. y las 9:00 p.m. EST, y los domingos entre las 11:00 a.m. y 9:00 p.m. EST. La llamada telefónica es gratis.

The U.S. Census Bureau estimates that, for the average household, this form will take about 10 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 xxxx-xxxx, U.S. Census Bureau, AMSD-3K138, 4600 Silver Hill Road, Washington, DC 20233. You may e-mail comments to <Paperwork@census.gov>; use "Paperwork Project xxxx-xxxx" 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.

