



## Person 2

Your answers are important!  
Every person in the Census counts.



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

Last Name

First Name

MI

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

- |  |  |
|--|--|
| <input type="checkbox"/> Husband/wife  | If NOT RELATED to Person 1:                  |
| <input type="checkbox"/> Natural-born son/daughter                           | <input type="checkbox"/> Roomer, boarder     |
| <input type="checkbox"/> Adopted son/daughter                                | <input type="checkbox"/> Housemate, roommate |
| <input type="checkbox"/> Stepson/stepdaughter                                | <input type="checkbox"/> Unmarried partner   |
| <input type="checkbox"/> Brother/sister                                      | <input type="checkbox"/> Foster child        |
| <input type="checkbox"/> Father/mother                                       | <input type="checkbox"/> Other nonrelative   |
| <input type="checkbox"/> Grandchild  |  |
| <input type="checkbox"/> Parent-in-law                                       |  |
| <input type="checkbox"/> Son-in-law/daughter-in-law                          |  |
| <input type="checkbox"/> Other relative — <i>Print exact relationship.</i> → | <input type="text"/>                         |

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? *Print numbers in boxes.*

Age on April 1, 2000

Month

Day

Year of birth

→ NOTE: Please answer BOTH Questions 5 and 6.

5. Is this person Spanish/Hispanic/Latino? Mark  the "No" box if **not** Spanish/Hispanic/Latino.

- |   |  |
|---|--|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino                            | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano                         | <input type="checkbox"/> Yes, Cuban        |
| <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino — <i>Print group.</i> ↴ |  |

6. What is this person's race? Mark  one or more races to indicate what this person considers himself/herself to be.

- White  
 Black, African Am., 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.</i> ↴ |                                     | <input type="checkbox"/> Other Pacific Islander — <i>Print race.</i> ↴ |

- Some other race — *Print race.* ↴

→ If more people live here, continue with Person 3.

## Person 3

Census information helps your community get financial assistance for roads, hospitals, schools, and more.



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

Last Name

First Name

MI

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

- |  |  |
|--|--|
| <input type="checkbox"/> Husband/wife  | If NOT RELATED to Person 1:                  |
| <input type="checkbox"/> Natural-born son/daughter                           | <input type="checkbox"/> Roomer, boarder     |
| <input type="checkbox"/> Adopted son/daughter                                | <input type="checkbox"/> Housemate, roommate |
| <input type="checkbox"/> Stepson/stepdaughter                                | <input type="checkbox"/> Unmarried partner   |
| <input type="checkbox"/> Brother/sister                                      | <input type="checkbox"/> Foster child        |
| <input type="checkbox"/> Father/mother                                       | <input type="checkbox"/> Other nonrelative   |
| <input type="checkbox"/> Grandchild  |  |
| <input type="checkbox"/> Parent-in-law                                       |  |
| <input type="checkbox"/> Son-in-law/daughter-in-law                          |  |
| <input type="checkbox"/> Other relative — <i>Print exact relationship.</i> → | <input type="text"/>                         |

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? *Print numbers in boxes.*

Age on April 1, 2000

Month

Day

Year of birth

→ NOTE: Please answer BOTH Questions 5 and 6.

5. Is this person Spanish/Hispanic/Latino? Mark  the "No" box if **not** Spanish/Hispanic/Latino.

- |   |  |
|---|--|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino                            | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano                         | <input type="checkbox"/> Yes, Cuban        |
| <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino — <i>Print group.</i> ↴ |  |

6. What is this person's race? Mark  one or more races to indicate what this person considers himself/herself to be.

- White  
 Black, African Am., 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.</i> ↴ |                                     | <input type="checkbox"/> Other Pacific Islander — <i>Print race.</i> ↴ |

- Some other race — *Print race.* ↴

→ If more people live here, continue with Person 4.

# Person 4

Information about children helps your community plan for child care, education, and recreation.



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

Last Name

First Name

MI

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

- |  |  |
|--|--|
| <input type="checkbox"/> Husband/wife  | If NOT RELATED to Person 1:                  |
| <input type="checkbox"/> Natural-born son/daughter                           | <input type="checkbox"/> Roomer, boarder     |
| <input type="checkbox"/> Adopted son/daughter                                | <input type="checkbox"/> Housemate, roommate |
| <input type="checkbox"/> Stepson/stepdaughter                                | <input type="checkbox"/> Unmarried partner   |
| <input type="checkbox"/> Brother/sister                                      | <input type="checkbox"/> Foster child        |
| <input type="checkbox"/> Father/mother                                       | <input type="checkbox"/> Other nonrelative   |
| <input type="checkbox"/> Grandchild  |  |
| <input type="checkbox"/> Parent-in-law                                       |  |
| <input type="checkbox"/> Son-in-law/daughter-in-law                          |  |
| <input type="checkbox"/> Other relative — <i>Print exact relationship.</i> → | <input type="text"/>                         |

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? *Print numbers in boxes.*

Age on April 1, 2000	Month	Day	Year of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

→ NOTE: Please answer BOTH Questions 5 and 6.

5. Is this person Spanish/Hispanic/Latino? Mark  the "No" box if **not** Spanish/Hispanic/Latino.

- |   |  |
|---|--|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino                            | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano                         | <input type="checkbox"/> Yes, Cuban        |
| <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino — <i>Print group.</i> ↴ |  |

6. What is this person's race? Mark  one or more races to indicate what this person considers himself/herself to be.

- White
- Black, African Am., 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.</i> ↴ |                                     | <input type="checkbox"/> Other Pacific Islander — <i>Print race.</i> ↴ |

- Some other race — *Print race.* ↴

→ If more people live here, continue with Person 5.

# Person 5

Knowing about age, race, and sex helps your community better meet the needs of everyone.



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

Last Name

First Name

MI

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

- |  |  |
|--|--|
| <input type="checkbox"/> Husband/wife  | If NOT RELATED to Person 1:                  |
| <input type="checkbox"/> Natural-born son/daughter                           | <input type="checkbox"/> Roomer, boarder     |
| <input type="checkbox"/> Adopted son/daughter                                | <input type="checkbox"/> Housemate, roommate |
| <input type="checkbox"/> Stepson/stepdaughter                                | <input type="checkbox"/> Unmarried partner   |
| <input type="checkbox"/> Brother/sister                                      | <input type="checkbox"/> Foster child        |
| <input type="checkbox"/> Father/mother                                       | <input type="checkbox"/> Other nonrelative   |
| <input type="checkbox"/> Grandchild  |  |
| <input type="checkbox"/> Parent-in-law                                       |  |
| <input type="checkbox"/> Son-in-law/daughter-in-law                          |  |
| <input type="checkbox"/> Other relative — <i>Print exact relationship.</i> → | <input type="text"/>                         |

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? *Print numbers in boxes.*

Age on April 1, 2000	Month	Day	Year of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

→ NOTE: Please answer BOTH Questions 5 and 6.

5. Is this person Spanish/Hispanic/Latino? Mark  the "No" box if **not** Spanish/Hispanic/Latino.

- |   |  |
|---|--|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino                            | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano                         | <input type="checkbox"/> Yes, Cuban        |
| <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino — <i>Print group.</i> ↴ |  |

6. What is this person's race? Mark  one or more races to indicate what this person considers himself/herself to be.

- White
- Black, African Am., 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.</i> ↴ |                                     | <input type="checkbox"/> Other Pacific Islander — <i>Print race.</i> ↴ |

- Some other race — *Print race.* ↴

→ If more people live here, continue with Person 6.



# Person 6

Your answers help  
your community plan  
for the future.



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

Last Name

First Name

MI

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

- |  |  |
|--|--|
| <input type="checkbox"/> Husband/wife  | If NOT RELATED to Person 1:                  |
| <input type="checkbox"/> Natural-born son/daughter                           | <input type="checkbox"/> Roomer, boarder     |
| <input type="checkbox"/> Adopted son/daughter                                | <input type="checkbox"/> Housemate, roommate |
| <input type="checkbox"/> Stepson/stepdaughter                                | <input type="checkbox"/> Unmarried partner   |
| <input type="checkbox"/> Brother/sister                                      | <input type="checkbox"/> Foster child        |
| <input type="checkbox"/> Father/mother                                       | <input type="checkbox"/> Other nonrelative   |
| <input type="checkbox"/> Grandchild  |  |
| <input type="checkbox"/> Parent-in-law                                       |  |
| <input type="checkbox"/> Son-in-law/daughter-in-law                          |  |
| <input type="checkbox"/> Other relative — <i>Print exact relationship.</i> → | <input type="text"/>                         |

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? *Print numbers in boxes.*

Age on April 1, 2000

Month

Day

Year of birth





→ NOTE: Please answer BOTH Questions 5 and 6.

5. Is this person Spanish/Hispanic/Latino? Mark  the "No" box if *not* Spanish/Hispanic/Latino.

- |   |  |
|---|--|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino                            | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano                         | <input type="checkbox"/> Yes, Cuban        |
| <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino — <i>Print group.</i> ↘ |  |

6. What is this person's race? Mark  one or more races to indicate what this person considers himself/herself to be.

- White
- Black, African Am., 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.</i> ↘ |                                     | <input type="checkbox"/> Other Pacific Islander — <i>Print race.</i> ↘ |

- Some other race — *Print race.* ↘

→ If more people live here, list their names on the back of this page in the spaces provided.

**Please turn  
to go to last  
page.**

Form D-1

## Persons 7 – 12

If you didn't have room to list everyone who lives in this house or apartment, please list the others below. You may be contacted by the Census Bureau for the same information about these people.

**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

The 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. Comments about the estimate should be directed to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0856, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233.

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

**Thank you for  
completing your official  
U.S. Census 2000 form.**

### FOR OFFICE USE ONLY

**A. JIC1**

**B. JIC2**

**C. JIC3**

**D. JIC4**