

Please provide your 13-digit Census ID:

Who should be listed on this form?

- Include yourself if you have not been counted in the 2015 National Census Test.
- Include anyone else who was living with you on April 1, 2015 who has not yet been counted.
- Include family members, babies, nonrelatives, and anyone else who lives and sleeps at your address most of the time and has not been counted.

1. What was the physical address of the place you were living or staying on April 1, 2015? Please do not provide a PO Box address. If you have more than one residence, provide the address of the place where you live most of the time.

Address Number (For example: 5007)

Street Name (For example: N Maple Ave)

Apt/Unit (For example: "Apt. A" or "Lot 3")

Rural Route Address

County/Township/Parish

City

State

ZIP Code

2. How many people were living or staying in this house, apartment, or mobile home on April 1, 2015?

Number of people =

3. Were there any additional people staying here April 1, 2015 that you did not include in Question 2?

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

4. 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?

5. What is your telephone number? We may call if we don't understand an answer.

Area Code + Number

 - -

Person 1

- 6. 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.

First Name	MI
<input type="text"/>	<input type="text"/>
Last Name	
<input type="text"/>	

- 7. What is Person 1's sex? Mark ONE box.**

Male Female

- 8. 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.**

Print numbers in boxes.

Age on April 1, 2015	Month	Day	Year of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 9. What is Person 1's race or origin? — Mark one or more boxes AND enter the specific race(s) or origin(s).**

White — Print origin(s), for example, German, Irish, English, Italian, Polish, French, 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, Ghanaian, 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. ↴

Middle Eastern or North African — Print origin(s), for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, 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 10

- 10. 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 |

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

Address Number (For example: 5007)

Street Name (For example: N Maple Ave)

Apt/Unit (For example: "Apt. A" or "Lot 3")

Rural Route Address

City

State ZIP Code

County

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

- 12. 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 11
- Both places equally
- Some other place

- 13. On April 1, 2015, where was Person 1 staying?**

- The address printed on the back of this questionnaire
- The address or location you listed in Question 11
- Some other place

→ If more people were counted in Question 2, continue with Person 2.

1. Print name of

Person 3

First Name MI Last Name

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

- Opposite-sex husband/wife/spouse, Grandchild, Opposite-sex unmarried partner, Parent-in-law, Same-sex husband/wife/spouse, Son-in-law or daughter-in-law, Same-sex unmarried partner, Other relative, Biological son or daughter, Roomer or boarder, Adopted son or daughter, Housemate or roommate, Stepson or stepdaughter, Foster child, Brother or sister, Other nonrelative, Father or mother

3. What is this person's sex? Mark [X] 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 April 1, 2015 Month Day Year of birth

5. What is this person's race or origin? —Mark [X] one or more boxes AND enter the specific race(s) or origin(s).

- White — Print origin(s), for example, German, Irish, English, Italian, Polish, French, 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, Ghanaian, 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.
Middle Eastern or North African — Print origin(s), for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, 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 [X] all that apply
In college housing, At a seasonal or second residence, In the military, In jail or prison, For a job or business, In a nursing home, For child custody, 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.

Address Number (For example: 5007)
Street Name (For example: N Maple Ave)
Apt./Unit (For example: "Apt A" or "Lot 3")
Rural Route Address
City
State ZIP Code
County

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

Description boxes

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 April 1, 2015, 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 2, on the front page, continue with person 4.

1. Print name of

Person 9

First Name MI Last Name

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

- Opposite-sex husband/wife/spouse, Grandchild, Opposite-sex unmarried partner, Parent-in-law, Same-sex husband/wife/spouse, Son-in-law or daughter-in-law, Same-sex unmarried partner, Other relative, Biological son or daughter, Roomer or boarder, Adopted son or daughter, Housemate or roommate, Stepson or stepdaughter, Foster child, Brother or sister, Other nonrelative, Father or mother

3. What is this person's sex? Mark [X] 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 April 1, 2015 Month Day Year of birth

5. What is this person's race or origin? —Mark [X] one or more boxes AND enter the specific race(s) or origin(s).

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Black or African Am. — Print origin(s), for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Ghanaian, 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.
Middle Eastern or North African — Print origin(s), for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, and so on.
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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 [X] all that apply
In college housing, At a seasonal or second residence, In the military, In jail or prison, For a job or business, In a nursing home, For child custody, 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.

Address Number (For example: 5007)
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Apt./Unit (For example: "Apt A" or "Lot 3")
Rural Route Address
City
State ZIP Code
County

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

Description boxes

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 April 1, 2015, 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 2, on the front page, continue with person 10

Use this section to complete information for the rest of the people you counted in Question 2 on the front page. We may call for additional information about them.

Person 10

First Name MI Last Name

Sex Male Female Age on April 1, 2015 Date of Birth Month Day Year of Birth Related to Person 1? Yes No

Person 11

First Name MI Last Name

Sex Male Female Age on April 1, 2015 Date of Birth Month Day Year of Birth Related to Person 1? Yes No

Person 12

First Name MI Last Name

Sex Male Female Age on April 1, 2015 Date of Birth Month Day Year of Birth Related to Person 1? Yes No

Person 13

First Name MI Last Name

Sex Male Female Age on April 1, 2015 Date of Birth Month Day Year of Birth Related to Person 1? Yes No

Person 14

First Name MI Last Name

Sex Male Female Age on April 1, 2015 Date of Birth Month Day Year of Birth Related to Person 1? Yes No

FOR OFFICIAL USE ONLY

**Thank you for completing the
2015 National Census Test**

JIC1

JIC2

Please mail your completed form to:

**US 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.