

Person 1

First names:

Family name:

Your age?

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What is your gender?

- male
- female
- another gender

Person 9

First names:

Family name:

This person's age?

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What is this person's gender?

- male
- female
- another gender

Person 9 is:

- my spouse / partner
- my parent (for example mother)
- my child (for example daughter)
- my sibling (for example brother)
- my grandparent
- my grandchild
- my flatmate
- other. Please state below:

Remember
to list any babies.
If a baby is aged under
1 year, give their age
as '0'.

Please place any blank unused forms in your recycling

Sample

www.census.govt.nz

Freephone helpline:
0800 CENSUS (0800 236 787)