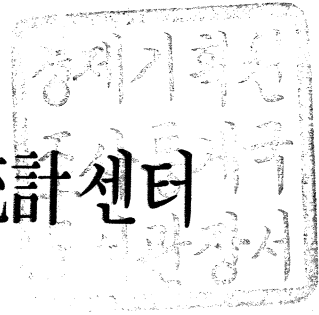


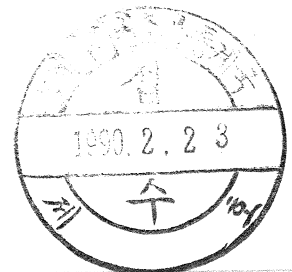
카나다 統計廳 및 美國 保健統計센터 訪問結果報告書



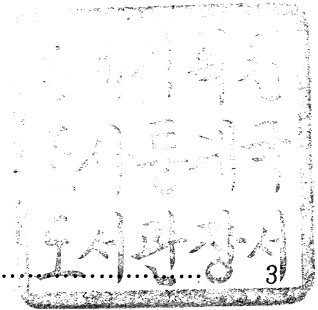
1990. 1.

經濟企劃院 調查統計局

037100



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1.出張者

- 調査統計局 局長 理事官 李 康 雨
- 調査統計局 人口課長 書記官 金 日 炫

2.出張期間

1989. 11. 25(土) - 12. 4(日)

3.出張地

- 캐나다 오타와市 所在 캐나다 統計廳
- 美國 워싱턴市 所在 國立保健統計센터

4.出張目的

- 統計組織의 效率的인 改編 作業과 關聯하여, 集中形 統計制度의 대표적 國家인 캐나다 統計廳 및 分散形 統計制度의 대표적 國家인 美國 保健厚生省 산하 國立保健統計센터를 訪問하여 相互意見 交換 및 資料蒐集
- 아울러 莫大한 豫算과 人力이 投入되는 1990年 人口 및 住宅센서스의 效率的인 실시를 위한 資料蒐集
- 또한 人口統計의 기본이되는 戶籍申告(人口動態申告)制度 및 同 申告로부터의 統計作成 現況 시찰

5. 主要訪問機關 및 面談者

- 캐나다

- 캐나다 統計廳長 : Mr. I. P. Fellegi
- 캐나다 統計廳 管理擔當部廳長 : Mr. G. Labossiere
- 캐나다 統計廳 情報 및 方法擔當部廳長 : Mr. G. J. Brackstone
- 캐나다 統計廳 國際協力課長 : Mr. B. Prigly

o 美國

- 美國 NCHS 企劃 및 對外擔當室 室長 : Dr. Gail F. Fisher
- 美國 NCHS 人口動態統計課長 : Mr. John E. Patterson
- 美國 NCHS 人口動態統計課 申告方法係長 : Mr. George Gay
- 美國 NCHS 管理室 人力擔當官 : Mr. Gail H. Sherman
- 美國 NCHS 資料서비스課 副課長 : Mr. Margot A. Brown
- 美國 NCHS 企劃 및 對外擔當室 統計專門家 : Mr. Sheldon Starr
- 美國 NCHS 企劃 및 對外擔當室 保健諮問官 : Ms. Nancy Hamilton
- 美國 NCHS 保健研究課 醫學統計專門家 : Dr. Ki-Moon Bang
- 美國 NCHS : Dr. Jai-Won Choi
- 美國 NCHS : Mr. Al Hessler

6.出張成果

- o 韓·캐나다 中央統計機關間 相互 統計技術協力增進 圖諺 및 統計制度에 관한 討議를 하였음. 特히 캐나다 統計廳長은 부록에 수록된 바와 같이 集中形 統計制度의 장점을 강조하면서 統計制度의 統合化를 勸告하였음.
- o 또한 韓國의 統計技術發展을 위하여 캐나다 統計廳은 研修教育 프로그램開發 등을 통하여 적극 지원할 의사를 표명

- 또한 캐나다 統計法을 蒐集하여 韓國의 統計法과 相互比較 分析하여 개선안 마련에 도움
- 1990年 人口 및 住宅센서스 自動化 시스템 導入에 따르는 캐나다의 經驗習得, 특히 캐나다에서는 人口센서스와 農業센서스를 並行하여 실시하고 있음
- 캐나다 統計作成現況(調查種類, 刊行物名, 調查方法등) 聽取
- 人口動態統計 作成業務를 擔當하고 있는 當局과 美國 國立保健統計센터(NCHS) 간 相互統計技術協力增進 圖謨. 특히 美國에서 人口動態申告改善을 위한 會議를 開催하는 것과 關聯 當局 職員을 참여토록 招請함과 아울러, 當局 職員이 美國의 人口動態統計作成을 위한 統計技術 技法을 研修토록 조치할 수 있음을 討議
- 부록에 수록된 바와 같이 美國 國立保健統計센터의 統計作成現況(調查種類, 刊行物名, 調查方法) 聽取
- 美國의 人口動態申告制度에 관한 資料를 蒐集하여 韓國의 人口動態申告制度 개선안 마련에 도움

부록 1 : 蒐集資料 目錄

부록 1 : 蒐集資料目錄

(美國)

- o Organization and Activities of National Center for Health Statistics
- o Data Systems of the National Center for Health Statistics
- o Model State Vital Statistics Act and Model State Vital Statistics Regulations, 1977 Revision
- o Registrative Authorities for the National Center for Health Statistics
- o Hospitals' and Physicians' Handbook on Birth Registration and Fetal Death Reporting
- o Handbook on Marriage Registration
- o Handbook on Divorce Registration
- o Handbook on the Reporting of Induced Termination of Pregnancy
- o Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting
- o Physicians' Handbook on Medical Certification of Death Registration
- o Funeral Directors' Handbook on Death Registration and Fetal Death Reporting
- o Health United States 1988
- o International Health Data Reference Guide 1987
- o 1989 Public Health Conference on Records and Statistics
- o Catalog of Publications 1980-88
- o Vital Statistics Report of Nebraska 1987
- o Plan and Operation of the Second National Health and Nutrition Examination Survey 1976-80, Series 1, No. 15
- o Proceedings of the International Collaborative Efforts on Perinatal and Infant Mortality Rate, Vol. II

- o Vital and Health Statistics, Current Estimates from the National Health Interview Survey 1988, Series 10, No. 173
- o Catalog of Public Use Data Tapes
- o Guidelines for Reporting Occupation and Industry on Death Certificates
- o 1987 Annual Report of New Mexico
- o Final Report of the Working Group to Review the VSCP Cost Formula
- o Plan and Operation of the Hispanic Health and Nutrition Examination Survey 1982-84
- o Trends in Low Birth Weight : United States 1975-85
- o Social Cognition Approach to Reporting Chronic Conditions in Health Surveys
- o 美國의 人口動態申告書 樣式

(캐나다)

- o 캐나다 統計廳의 機構圖表
- o 1991年 人口센서스 調査票
- o 1991年 人口센서스 調査要領書

부록 : 캐나다 統計法 (國·英文)

카나다 統計法

제1조 제목

동법은 統計法으로 인용될 수 있다.

제2조 개념 정의

동법에서 "통계청장"이라 함은 제4조 1항에 따라 임명된 자를 의미한다. "部處"라 함은 카나다 정부의 部, 院, 局 또는 課나 지방 정부 또는 청 등을 의미한다. "장관"이라 함은 총독에 의하여 통계법 목적 수행을 위한 장관으로 지정된 자로서 카나다 왕실 추밀원의 구성원 중의 한명을 의미한다.

제3조 카나다 統計廳의 業務

- (a) 商業, 産業, 金融, 社會, 經濟 및 國民生活狀態에 관한 자료 수집 및 發刊
- (b) 他部處와의 協力
- (c) 人口 및 農業 센서스 實施
- (d) 他部處와의 業務중복 제거에 努力
- (e) 社會, 경제 통계의 統合化 도모 및 統合化 도모 계획 조정

제4조 (1) 카나다 통계청장

카나다 통계청장을 부장관급으로 보한다.

제4조 (2) 청장의 임무

통계청장은 장관의 지시에 따라

- (a) 각 부처의 통계 프로그램에 대한 관련 사항을 자문하고,
- (b) 통계법 운영을 감독하고 통계청 직원의 업무活動을 統制한다.

제4조 (3) 장관에의 보고

每年 통계청장은 장관에게 통계청 활동에 대한 보고서를 작성하여야 한다. 同 보고서는 의회에 제출하는 장관의 년차 보고서에 수록되어진다.

제5조 임시직원

- (1) 법에 명시된대로 장관은 자료수집에 필요한 人力의 고용 및 책무를 부여 할 수 있다.
- (2) 장관은 일정기간동안 정부공무원중 필요한 사람을 동원할 수 있다.
- (3) 특별목적을 위하여 계약한 당사자는 동법에 의해서 채용된 것으로 본다.

제6조 (1) 선서

청장 및 전직원은 업무를 담당하기 앞서 다음 사항을 선서하고 기명날인 하여야 한다."나 누구는 캐나다 통계청에 고용된 사람으로서 統計法의 요구, 규칙 및 지침에 맞게 맡은바 업무를 충실하고 정직하게 수행하고, 업무수행상 지득한 어떠한 사항에 대해서도 비밀을 지킬것을 엄숙히 선서한다."

제6조 (2) 선서

上記선서는 장관이 지정한 사람앞에서 행해져야 한다.

제6조 (3) 法人體

만약 개인이 아니고 法人體가 특별목적을 수행한다면, 동 法人體의 長이나 책임자가 上記사항을 선서하고 기명날인하여야 한다.

제6조 (4) 선서

제3항의 선서는 장관이 지시한 자앞에서 행해져야하고 기록·보관되어야한다.

제7조 규칙 및 지시

장관은 자료수집, 편집 및 발간등 통계청 업무수행에 필요하다고 여기는 규칙, 조사표등을 작성할수 있다.

제8조 임의적 조사

장관은 인구나 농업 센서스가 아닌 특수목적을 위하여 자료를 임의적으로 수집할수 있다. 이러한 경우 응답자는 자료를 제공치 않을 수도 있다.

제9조 (1) 무차별

統計法에서 부여된 권한을 집행함에 있어 개인이나 사업체에 대하여 편견을 갖고 差別을 해서는 안된다.

제9조 (2) 표본조사

장관은 자료수집에 있어 표본조사방법의 활용을 허가할수 있다.

제10조 (1) 地方政府와 협의

統計法의 목적을 특히 다음사항을 수행하기 위하여 장관은 지방정부와 어떠한 협의를 할수있다.

- (a) 통계법에 의해서 지방공무원에게 부여된 권한의 집행사항
- (b) 통계법에의하여 지방정부가 하는 자료수집에 관한사항
- (c) 지방정부에 의해 통계청장에게 보고되는 사항

제10조 (2) 지방정부공무원

통계법에 의해서 부여된 권한을 집행하는 모든지방공무원은 동법에 의해서 고용된것으로 간주한다.

제11조 (1) 지방정부와 협정체결

장관은 총독의 승인하에 지방정부와 다음사항을 협정할수있다.

- (a) 구체적인 통계에관한 질의에 대한 회신
- (b) 통계법에 의하여 수집된 자료의 구체적인 분류에관한 회신
- (c) (a)와(b)항과 관련된 집계 및 분석

제11조 (2) 통계기관의 형태

지방정부의 통계기관이라함은

- (a) 자료를 수집할수있는 법적인 권한을 가진 기관
- (b) 수집된 자료의 누설이 제17조에 따라 법적으로 금지된 기관
- (c) 소속직원이 자료를 누출한 경우 제17조에 따라 법적으로 제재조치가 부과되는 기관을 의미한다.

제11조 (3) 협정의 배제

제17조 2항의 예외사항을 제외하고, 통계청과 지방정부의 통계기관간 협정이 체결되기 전에는 효력이 정지된다.

제11조 (4) 응답자

응답자는 통계청과 어떤 지방정부의 통계기관과 협정을 체결하였다는 사실을 응답자에게 고지하여야 한다.

제12조 (1) 자료의 공동수집

장관은 타부처나 다른 법인체와 공동으로 자료의 수집, 집계, 발간등을 수행하기 위하여 협정을 체결할 수 있다.

제12조 (2) 협정사항

- (a) 협정을 체결함에 있어 응답자는 통계청과 공동으로 타부처나 법인체가 조사한다는 사실을 알아야 한다.
- (b) 그러나 이 협정은 통계청장에게 文書로써 통계청과 타부처나 법인체가 공동으로 자료를 갖는다는 것을 반대한다고 하는 사람에게는 적용되지 않는다.

제12조 (3) 자료 적용 범위

자료라 함은 조사표와 통계청이나 타부처 및 법인체에 제공된 2차 자료를 포함한다.

제13조 자료에의 接近

통계청장에 의해서 권한이 부여된 자만이 자료에의 접근이 가능하다

제14조 任用의 증거

장관이나 통계청장 또는 장관에 의해서 권한을 부여 받은 자에 의한 문서로써만 임용·해고할수 있다.

제15조 추정

통계법에 의해 업무를 집행하는 자에 의하여 만들어진 각종 서류는 적법한 권한에 따라서 만들어진 것으로 추정할수 있다.

제16조 (1) 보수

장관은 통계법에 의하여 고용된자에 대한 봉급표 및 수당에 대한 표를 준비하여야 한다.

제16조 (2)

상기봉급이나 수당은 업무가 충실하고 완전하게 수행되지 않으면 지불되지 않는다.

제17조 (1) 비밀노출금지

제11조와1제12조항에 의한 사항을 제외한 사항은 본조항에 따른다.

- (a) 본통계법에 의하여 고용된 자 이외에는 어떠한 사람도 개별 조사표를 볼 수 없다.
- (b) 제6조에 따라 선서한 사람은 개별 조사표로부터 획득한 사항을 노출할 수 없다.

제17조 (2) 예외사항

통계청장은 규정에 따라 다음자료를 공개할수있다.

- (a) 개인이나 법인체 또는 타부처에서 1971년 5월 1일 전후 수집되어 통계청에 송부된 자료는 적용되나 통계청에 송부될때 비밀보호가 요구된 경우는 제외함. 이경우는 자료수집기관과 통계청간 동의가 있는 경우에 한해서 공개될수 있음
- (b) 개인이나 법인체가 서면으로 자료공개를 허락한 자료
- (c) 개인경영 사업주가 서면으로 자료공개를 허락한 경우
- (d) 기타법령에 의하여 이용될수 있는 자료
- (e) 병원, 정신병원, 도서관, 교육기관, 복지시설이나 비상업적 기관에 대한 자료 (단, 입원환자나 시설내수용자에 대한 인적사항은 공개할 수 없음)
- (f) 목록형태의 자료
 - (1) 개별사업체의 이름과 주소
 - (2) 개별사업체별로 생산, 가공, 처리, 보관, 구입 또는 팔린 생산품이나 제공된 용역
 - (3) 종업원수별로 표시된 개별사업체의 이름과 주소
- (g) 운수사업이나 공공사업에 대한 자료

제17조 (3) 개념정의

운수사업은 철도, 해운, 항공사업을 의미함.

공공사업은 (a) 석유나 석유제품공급사업 (b) 가스, 전기, 수도 공급 사업 (C) 청소, 하수, 공해방지사업, (d) 통신사업, (e) 우편사업등을 의미한다.

제18조 (1) 개인보호

본 통계법 수행 목적을 제외하고는 통계청에 제출된 조사표류는 보호되어야 하고 어떤 소송에 있어서도 증빙서류로 사용되어서는 안된다

제18조 (2) 증거제시

제6조에 따라 선서한 사람은 소송이나 법정등에서 통계법을 운영함에 있어 알게 된 자료에 대해 여하한 형태의 증언이나 서류를 만들수 없다.

제18조 (3)

이 18 조는 통계청이 금지한 모든 자료에 적용된다. 그러나 제17조 2항에 의한 자료는 공개될수 있다.

제19조 (1) 인구센서스

1971년 6월중 그리고 매5년마다 통계청에 의하여 인구센서스가 실시되어야 한다.

(2) 인구센서스는 선거구별로 자료가 제공 될수 있도록 실시되어야 한다.

(3) 10년 센서스

정규센서스는 1971년이후 매10년마다 실시되는 센서스를 의미한다.

제20조 농업센서스

(a) 농업센서스는 1971년 이후 매10년마다 실시된다.

(b) 농업센서스는 1976년 이후 매10년마다 실시된다(개정).

제21조 (1) 센서스 항목

총독은 인구센서스나 농업센서스에서 조사될 항목을 규정한다.

(2) 공개

(1)항의 내용은 작성된 후 30일 이내에 캐나다 가젯트에 수록되어야 한다

제22조 일반통계

제3조에 언급된 사항에 구애됨이 없이 통계청장은 장관의 지시하에 다음에 관한 통계를 수집·편집·분석·요약하고 보고서를 만들 수 있다.

(a) 인구

(b) 농업

- (c) 보건 및 복지
- (d) 범죄, 사법 및 교정
- (e) 재정 및 금융
- (f) 입국 및 출국
- (g) 교육
- (h) 노동 및 고용
- (i) 무역
- (j) 물가 및 생계비
- (k) 임업, 어업 및 수렵
- (l) 광업
- (m) 제조업
- (n) 건설
- (o) 운수, 창고 및 통신
- (p) 전력, 가스 및 상수도
- (q) 도소매
- (r) 보험 및 부동산
- (s) 공공행정
- (t) 지역사회, 사업 및 개인 서어비스업
- (u) 기타 장관이나 총독에 의해 규정된 사항

제23조 (1) 통계자료 형태

자료수집을 위하여 조사원을 활용하는 대신에 조사표를 응답자에게 송부할 수 있다.

(2) 조사표 회수

제1항에 따라 조사표를 받은 응답자는 질문에 답해야 하고 조사표를 송부하여야 한다. 조사표는 장관에 의해 지시된 기일이나 조사표에 기재된 기일을 장관의 재량 내에서 허용된 기일내에 제출되어야 한다.

제24조 소득세법

- (a) 통계청장이나 청장으로 부터 권한을 부여 받은 자는 소득세법에 의하여 국가 재정장관에게 제출된 각종 서류를 살펴볼 수 있다.
- (b) 국가 재정장관은 통계청장이나 청장으로 부터 권한을 부여 받은 자에게 이용할 수 있게끔 하여야 한다.

제25조 세관

국가 재정장관은 통계청장에게 캐나다로 수출·입량, 운송수단에 관한 사항 등을 통보하여야 한다.

제26조 범죄통계

법원서기나 서기가 없는 경우 판사는 장관의 지시에 의한 방법 및 기일내에 범죄 통계 작성을 위해 송부된 서식을 작성하여 송부하여야 한다.

제27조 수용소 및 보안관

교도소장 및 각 주의 보안관은 장관의 지시에 의한 방법 및 기일내에 시설내에 수용된 범법자들과 관련하여 송부된 서식을 작성하여 송부하여야 한다.

제28조 기록

제26조 및 제27조에 따라 서식을 송부하는 자는 매일매일 관련 상황을 기록하여야 한다.

제29조 사면

카나다 법무차관은 통계청장에게 장관의 지시한 방법 및 기일내에 사면과 관련하여 송부된 서식을 작성하여 송부하여야 한다.

제30조 직무유기나 부정직

제6조 1항에 따라 선서한 자가

- (a) 직무를 유기하거나 고의로 부정직하게 업무수행을 한 경우
- (b) 권한이 부여받지 못한 자로부터 거짓으로 자료를 수집한 경우
- (c) 17조 1항을 위반한 경우

범죄 요건이 되어 천달러 이하의 벌금이나 6개월 이하의 징역 또는 병합되어 처해질수 있다.

제31조 불법적인 정보

적절한 법적 명문없이

- (a) 통계법의 목적에 따라, 통계 조사원으로 채용된 자에게, 자료 수집에 필요로 되는 질문을 받은 자가 응답을 거절, 또는 응답을 소홀히 하거나, 거짓으로 응답을 한 경우
- (b) 조사표를 기입하여 제출하는데 있어, 작성하지 않거나 거짓으로 작성하는 경우

범죄 요건이 되어 500달러 이하의 벌금이나 3개월이하의 징역 또는 병합되어 처해질수 있다.

제32조 자료 제공 방해

- (a) 타부처나 지방정부, 사업체 등에서 자료의 관리를 책임지는 자가 통계법의 목적을 수행을 위하여 자료를 수집할때 통계청장에 의해 채용된 조사원에게 도움을 주지 않고 자료를 제출하지 않는 경우
- (b) 또는 고의로 조사원이 자료 수집 업무를 수행함에 있어 방해하는 경우

범죄 요건이 되어 천달러이하의 벌금이나 6개월 이하의 징역 또는 병합되어 처해질수 있다.

제33조 (1) 가정으로의 통지

통계법에 의해 채용된 조사원이나 우체국에 의해 각 가정에 전달된 조사표나 서식은, 지정된 시일내에 집주인이나 가족구성원에 의해 기입되고 서명되어야 한다는 통지문에 따라 비록 받는 사람이 이름이 명시되지 않고 개인적으로 직접 전달되지 않았더라도 작성·서명되어야 한다.

제33조 (2) 사업체으로의 통지

통계법에 의해 채용된 조사원이나 우체국에 의해 사업체에 전달된 조사표와 서식은, 지정된 시간내에 작성되고 서명되어야 한다는 통지문에 따라 작성 송부되어야 한다.

제34조 비밀 누설

제6조 1항에 따라 선서한 자는

- (a) 주식가격이나 상품가격 등에 영향을 미칠수 있는 정보를 직접적으로나 간접적으로 누구에게도 의도적으로 누설하는 경우
- (b) 주식이나 상품 등에 투기 목적으로 자료를 활용하는 경우
범죄 요건이 되어 5천달러 이하의 벌금이나 5년 이하의 징역 또는 병합되어 처해질수 있다.

제35조 통계청직원 사칭

- (a) 통계청 직원으로 사칭하여 자료 수집하는 경우
- (b) 통계청직원이 아니면서 통계법을 적용하여 조사하는 경우

범죄 요건이 되어 천달러 이하나 6개월 이하의 징역 또는 병합되어 처해질수 있다.

제36조 벌금부과

본 통계법에 의해 부과된 모든 벌금은 여왕폐하에게 귀속되고, 세입징수 장관에게 지불되어야 한다.

제37조 조치기한

본 통계법의 위반에 대한 조치는 사건이 발생한 2년 이내에 취해져야 한다.

An Act respecting statistics of Canada

SHORT TITLE

Short title 1. This Act may be cited as the *Statistics Act*. 1970-71-72, c. 15, s. 1.

INTERPRETATION

Definitions 2. In this Act, "Chief Statistician" means the Chief Statistician of Canada appointed under subsection 4(1);

"department" or "departments of government" means any department, board, bureau or other division of the Government of Canada or of the government of a province or any agency of either;

"Minister" means such member of the Queen's Privy Council for Canada as is designated by the Governor in Council as the Minister for the purposes of this Act;

"respondent" means a person in respect of whom or in respect of whose activities any report or information is sought or provided pursuant to this Act. 1970-71-72, c. 15, s. 2.

STATISTICS CANADA

Statistics bureau 3. There shall continue to be a statistics bureau under the Minister, to be known as Statistics Canada, the duties of which are

(a) to collect, compile, analyse, abstract and publish statistical information relating to the commercial, industrial, financial, social, economic and general activities and condition of the people;

(b) to collaborate with departments of government in the collection, compilation and publication of statistical information, including statistics derived from the activities of those departments;

(c) to take the census of population of Canada and the census of agriculture of Canada as provided in this Act;

(d) to promote the avoidance of duplication in the information collected by departments of government; and

(e) generally, to promote and develop integrated social and economic statistics pertaining to the whole of Canada and to each of the provinces thereof and to coordinate plans for the integration of those statistics. 1970-71-72, c. 15, s. 3.

Chief Statistician 4. (1) The Governor in Council may appoint an officer called the Chief Statistician of Canada to be the deputy of the Minister for the purposes of this Act and to hold office during pleasure.

Duties (2) The Chief Statistician shall, under the direction of the Minister,

(a) advise on matters pertaining to statistical programs of the departments and agencies of the Government of Canada, and

confer with those departments and agencies to that end; and

(b) supervise generally the administration of this Act and control the operations and staff of Statistics Canada.

Report to Minister (3) In each fiscal year the Chief Statistician shall make a report to the Minister with regard to the activities of Statistics Canada in the preceding fiscal year, and the report made hereunder shall be included in the Minister's annual report to Parliament as a separate part thereof. 1970-71-72, c. 15, s. 4.

Temporary employees 5. (1) The Minister may employ, in the manner authorized by law, such commissioners, enumerators, agents or other persons as are necessary to collect for Statistics Canada such statistics and information as the Minister deems useful and in the public interest relating to such commercial, industrial, financial, social, economic and other activities as the Minister may determine, and the duties of the commissioners, enumerators, agents or other persons shall be those duties prescribed by the Minister.

Public servants (2) The Minister may, for such periods as the Minister may determine, use the services of any employee of the public service of Canada in the exercise or performance of any duty, power or function of Statistics Canada or an officer of Statistics Canada under this Act or any other Act, and any person whose services are so used shall, for the purposes of this Act, be deemed to be a person employed under this Act.

Contracted services (3) Any persons retained under contract to perform special services for the Minister pursuant to this Act and the employees and agents of those persons shall, for the purposes of this Act, be deemed to be persons employed under this Act while performing those services. 1970-71-72, c. 15, s. 5.

Oath of office 6. (1) The Chief Statistician and every person employed or deemed to be employed pursuant to this Act shall, before entering on his duties, take and subscribe the following oath or solemn affirmation:

I,, do solemnly swear (or affirm) that I will faithfully and honestly fulfil my duties as an employee of Statistics Canada in conformity with the requirements of the *Statistics Act*, and of all rules and instructions thereunder and that I will not without due authority in that behalf disclose or make known any matter or thing that comes to my knowledge by reason of my employment.

Attestation (2) The oath or solemn affirmation set out in subsection (1) shall be taken before such person, and returned and recorded in such manner, as the Minister may direct.

Incorporated contractors (3) Where a person retained under contract to perform special services for the Minister pursuant to this Act is a body corporate, the chief executive officer thereof and such other officers, employees and agents thereof as are

used to perform the special services shall, before entering on any of the duties required under the contract, take and subscribe the following oath or solemn affirmation:

I, do solemnly swear (or affirm) that I will faithfully and honestly fulfil my duties as an employee of (name body corporate) in respect of my employment in carrying out (identify here contract with Minister) in conformity with the requirements of the Statistics Act, and of all rules and instructions thereunder and that I will not without due authority in that behalf disclose or make known any matter or thing that comes to my knowledge by reason of my employment as described herein.

Attestation

(4) The oath or solemn affirmation set out in subsection (3) shall be taken before such person, and returned and recorded in such manner, as the Minister may direct. 1970-71-72, c. 15, s. 6; 1976-77, c. 28, s. 41.

Rules and instructions

7. The Minister may, by order, prescribe such rules, instructions, schedules and forms as the Minister deems requisite for conducting the work and business of Statistics Canada, the collecting, compiling and publishing of statistics and other information and the taking of any census authorized by this Act. 1970-71-72, c. 15, s. 7.

Voluntary surveys

8. The Minister may, by order, authorize the obtaining, for a particular purpose, of information, other than information for a census of population or agriculture, on a voluntary basis, but where such information is requested section 31 does not apply in respect of a refusal or neglect to furnish the information. 1980-81-82-83, c. 47, s. 41.

STATISTICS

No discrimination

9. (1) Neither the Governor in Council nor the Minister shall, in the execution of the powers conferred by this Act, discriminate between individuals or companies to the prejudice of those individuals or companies.

Use of sampling methods

(2) Notwithstanding anything in this Act, the Minister may authorize the use of sampling methods for the collection of statistics. 1970-71-72, c. 15, s. 8.

Arrangements with provincial governments

10. (1) The Minister may enter into any arrangement with the government of a province providing for any matter necessary or convenient for the purpose of carrying out or giving effect to this Act, and in particular for all or any of the following matters:

- (a) the execution by provincial officers of any power or duty conferred or imposed on any officer pursuant to this Act;
- (b) the collection by any provincial department or provincial officer of any statistical or other information required for the purpose of this Act; and
- (c) the supplying of statistical information by any provincial department or provincial officer to the Chief Statistician.

Provincial officers

(2) All provincial officers executing any power or duty conferred or imposed on any officer pursuant to this Act, in pursuance of any arrangement entered into under this section, shall, for the purposes of the execution of that power or duty, be deemed to be employed under this Act. 1970-71-72, c. 15, s. 9.

Agreements with provincial governments

11. (1) The Minister may, with the approval of the Governor in Council and subject to this section, enter into an agreement with the government of a province for the exchange with, or transmission to, a statistical agency of the province of

- (a) replies to any specific statistical inquiries;
- (b) replies to any specific classes of information collected under this Act; and
- (c) any tabulations and analyses based on replies referred to in paragraph (a) or (b).

Type of statistical agency

(2) An agreement with a province for the purposes of this section shall apply only in respect of a statistical agency of the province

- (a) that has statutory authority to collect the information that is intended to be exchanged or transmitted pursuant to the agreement from a respondent who is subject to statutory penalties for refusing or neglecting to furnish information to the agency or for falsifying information furnished by him to the agency;
- (b) that is prohibited by law from disclosing any information of a kind that Statistics Canada, its officers and employees would be prohibited from disclosing under section 17, if the information were furnished to Statistics Canada; and
- (c) whose officers and employees are subject to statutory penalties for the disclosing of any information of the kind described in paragraph (b), subject to exceptions authorized by law that are substantially the same as those provided under section 17.

Non-application of agreement

(3) Except in respect of information described in subsection 17(2), no agreement entered into under this section applies to any reply made to or information collected by Statistics Canada or an agency of the government of a province before the date that the agreement was entered into or is to have effect, whichever is the later date.

Informing respondent

(4) Where any information in respect of which an agreement under this section applies is collected by Statistics Canada from a respondent, Statistics Canada shall, when collecting information, advise the respondent of the names of any statistical agencies in respect of which the Minister has an agreement under this section and to which the information received from the respondent may be communicated under that agreement. 1970-71-72, c. 15, s. 10.

Joint collection of information

12. (1) The Minister may enter into an agreement with any department or any municipal or other corporation for the exchange of information collected jointly with that department or corporation from a respondent and for subsequent tabulation or publication based on that information.

Agreement

(2) An agreement under subsection (1) shall provide that

(a) the respondent shall be informed by notice that the information is being collected jointly on behalf of Statistics Canada and the department or corporation, as the case may be; and

(b) the agreement shall not apply in respect of any respondent who gives notice in writing to the Chief Statistician that he objects to the sharing of the information between Statistics Canada and the department or corporation, as the case may be.

What exchange may include

(3) An exchange of information pursuant to this section may, subject to subsection (2), include replies to original inquiries and supplementary information provided by a respondent to Statistics Canada and the department or corporation jointly collecting the information. 1970-71-72, c. 15, s. 11.

Access to records

13. A person having the custody or charge of any documents or records that are maintained in any department or in any municipal office, corporation, business or organization, from which information sought in respect of the objects of this Act can be obtained or that would aid in the completion or correction of that information, shall grant access thereto for those purposes to a person authorized by the Chief Statistician to obtain that information or aid in the completion or correction of that information. 1970-71-72, c. 15, s. 12.

Evidence of appointment

14. Any letter purporting to be signed by the Minister, the Chief Statistician or any person who may be authorized by the Minister for such purpose, that gives notice of any appointment or removal of, or that sets forth any instructions to, any person employed in the execution of any duty under this Act is evidence of the appointment, removal or instructions, and that the letter was signed and addressed as it purports to be. 1970-71-72, c. 15, s. 13.

Presumption

15. Any document or paper, written or printed, purporting to be a form authorized for use in the taking of a census or the collection of statistics or other information, or purporting to set forth any instructions relating thereto, that is produced by any person employed in the execution of any duty under this Act as being that form or as setting forth those instructions, shall be presumed to have been supplied by the proper authority to the person so producing it, and is evidence of all instructions therein set forth. 1970-71-72, c. 15, s. 14.

Remuneration

16. (1) The Minister shall, subject to the approval of the Governor in Council, cause to be prepared one or more tables setting forth the rates of remuneration or allowances for commissioners, enumerators and other persons employed under this Act, which may be a fixed sum, a rate per diem or a scale of fees, together with allowances for expenses.

Condition of payment

(2) Full remuneration or allowance shall not be paid to any person referred to in subsection (1) for any service performed in connection with this Act until the service required of the person has been faithfully and entirely performed. 1970-71-72, c. 15, s. 15.

SECURITY

Prohibition against divulging information

17. (1) Except for the purpose of communicating information in accordance with any conditions of an agreement made under section 11 or 12 and except for the purposes of a prosecution under this Act but subject to this section,

(a) no person, other than a person employed or deemed to be employed under this Act, and sworn under section 6, shall be permitted to examine any identifiable individual return made for the purposes of this Act; and

(b) no person who has been sworn under section 6 shall disclose or knowingly cause to be disclosed, by any means, any information obtained under this Act in such a manner that it is possible from the disclosure to relate the particulars obtained from any individual return to any identifiable individual person, business or organization.

Exception to prohibition

(2) The Chief Statistician may, by order, authorize the following information to be disclosed:

(a) information collected by persons, organizations or departments for their own purposes and communicated to Statistics Canada before or after May 1, 1971, but that information when communicated to Statistics Canada shall be subject to the same secrecy requirements to which it was subject when collected and may only be disclosed by Statistics Canada in the manner and to the extent agreed on by the collector thereof and the Chief Statistician;

(b) information relating to a person or organization in respect of which disclosure is consented to in writing by the person or organization concerned;

(c) information relating to a business in respect of which disclosure is consented to in writing by the owner for the time being of the business;

(d) information available to the public under any statutory or other law;

(e) information relating to any hospital, mental institution, library, educational institution, welfare institution or other similar non-commercial institution except particulars arranged in such a manner that it is possible to relate the particulars to any individual patient, inmate or other person in the care of any such institution;

(f) information in the form of an index or list of

(i) the names and addresses of individual establishments, firms or businesses,

(ii) the products produced, manufactured, processed, transported, stored, purchased or sold, or the services provided, by individual establishments, firms or businesses in the course of their business, and

(iii) the names and addresses of individual establishments, firms or businesses that are within specific ranges of numbers of employees or persons engaged by or constituting the work force of these individual establishments, firms or businesses; and

(g) information relating to any carrier or public utility.

Definitions

"carrier"
"transporteurs"

(3) In this section, "carrier" means any person or association of persons that owns, operates or manages an undertaking that carries or moves persons or commodities by any form of land, sea or air transport;

"public utility"
"entreprise..."

"public utility" means any person or association of persons that owns, operates or manages an undertaking

(a) for the supply of petroleum or petroleum products by pipeline,

(b) for the supply, transmission or distribution of gas, electricity, steam or water,

(c) for the collection and disposal of garbage or sewage or for the control of pollution,

(d) for the transmission, emission, reception or conveyance of information by any telecommunication system, or

(e) for the provision of postal services. 1970-71-72, c. 15, s. 16; 1976-77, c. 28, s. 41.

Information is
privileged

18. (1) Except for the purposes of a prosecution under this Act, any return made to Statistics Canada pursuant to this Act and any copy of the return in the possession of the respondent is privileged and shall not be used as evidence in any proceedings whatever.

Idem

(2) No person sworn under section 6 shall by an order of any court, tribunal or other body be required in any proceedings whatever to give oral testimony or to produce any return, document or record with respect to any information obtained in the course of administering this Act.

Application of
section

(3) This section applies in respect of any information that Statistics Canada is prohibited by this Act from disclosing or that may only be disclosed pursuant to an authorization under subsection 17(2). 1970-71-72, c. 15, s. 17.

POPULATION CENSUS AND AGRICULTURE CENSUS

Population
census

19. (1) A census of population of Canada shall be taken by Statistics Canada in the month of June in the year 1971, and every fifth year thereafter in a month to be fixed by the Governor in Council.

Counts of
electoral
divisions

(2) The census of population shall be taken in such a manner as to ensure that counts of the population are provided for each federal electoral district of Canada, as constituted at the time of each census of population.

Decennial
census

(3) A reference in any Act of Parliament, in any order, rule or regulation or in any contract or other document made thereunder to a decennial census of population shall, unless the context otherwise requires, be construed to refer to the census of population taken by Statistics Canada in the year 1971 or in any tenth year thereafter. 1970-71-72, c. 15, s. 18.

Agriculture
census

20. A census of agriculture of Canada shall be taken by Statistics Canada

(a) in the year 1971 and in every tenth year thereafter; and

(b) in the year 1976 and in every tenth year thereafter, unless the Governor in Council otherwise directs in respect of any such year. 1970-71-72, c. 15, s. 19.

Census
questions

21. (1) The Governor in Council shall, by order, prescribe the questions to be asked in any census taken by Statistics Canada under section 19 or 20.

Publication

(2) Every order made under subsection (1) shall be published in the *Canada Gazette* not later than thirty days after it is made. 1970-71-72, c. 15, s. 20.

GENERAL STATISTICS

General
statistics

22. Without limiting the duties of Statistics Canada under section 3 or affecting any of its powers or duties in respect of any specific statistics that may otherwise be authorized or required under this Act, the Chief Statistician shall, under the direction of the Minister, collect, compile, analyse, abstract and publish statistics in relation to all or any of the following matters in Canada:

(a) population;

(b) agriculture;

(c) health and welfare;

(d) law enforcement, the administration of justice and corrections;

(e) government and business finance;

- (f) immigration and emigration;
- (g) education;
- (h) labour and employment;
- (i) commerce with other countries;
- (j) prices and the cost of living;
- (k) forestry, fishing and trapping;
- (l) mines, quarries and wells;
- (m) manufacturing;
- (n) construction;
- (o) transportation, storage and communication;
- (p) electric power, gas and water utilities;
- (q) wholesale and retail trade;
- (r) finance, insurance and real estate;
- (s) public administration;
- (t) community, business and personal services; and
- (u) any other matters prescribed by the Minister or by the Governor in Council. 1970-71-72, c. 15, s. 21; 1976-77, c. 54, s. 74.

Forms for statistical data

23. (1) In lieu of or in addition to using agents or employees for the collection of statistics under this Act, the Minister may prescribe that a form be sent to a person from whom information authorized to be obtained under this Act is sought.

Return of forms

(2) Subject to section 8, a person to whom a form is sent pursuant to subsection (1) shall answer the inquiries thereon and return the form and answers to Statistics Canada properly certified as accurate, not later than the time prescribed therefor by the Minister and indicated on the form or not later than such extended time as may be allowed in the discretion of the Minister. 1970-71-72, c. 15, s. 22; 1980-81-82-83, c. 47, s. 41.

Returns under Income Tax Act

24. For the purposes of this Act and subject to section 17,

(a) the Chief Statistician or any person authorized by the Chief Statistician to do so may inspect and have access to any returns, certificates, statements, documents, or other records obtained on behalf of the Minister of National Revenue for the purpose of the *Income Tax Act*, and

(b) the Minister of National Revenue shall cause the returns, certificates, statements, documents, or other records to be made available to the Chief Statistician or person authorized by the Chief Statistician to inspect the records,

in such manner and at such times as the Governor in Council may prescribe on the recommendation of the Minister and the Minister of National Revenue. 1970-71-72, c. 15, s. 23; 1976-77, c. 28, s. 41.

Return of exports and imports from Customs

25. For the purposes of this Act and subject to section 17, the Minister of National Revenue shall cause to be sent to the Chief Statistician returns of imports and exports into and from Canada and details of the means of transportation used therefor, in such manner and at such times as the Governor in Council may prescribe on the recommendation of the Minister and the Minister of National Revenue. 1970-71-72, c. 15, s. 23; 1976-77, c. 28, s. 41.

CRIMINAL STATISTICS

Courts to furnish criminal statistics

26. The clerk of every court or tribunal administering criminal justice or, where there is no clerk, the judge or other functionary presiding over the court or tribunal shall, at such times, in such manner and respecting such periods as the Minister may direct, fill in and transmit the schedules he receives relating to the criminal business transacted in the court or tribunal. 1970-71-72, c. 15, s. 24.

Wardens and sheriffs

27. The warden of every penitentiary and reformatory and the sheriff of every county, district or other territorial division shall, at such times, in such manner and respecting such periods as the Minister may direct, fill in and transmit the schedules he receives relating to the prisoners committed to any penitentiary, reformatory or jail under his charge or within his jurisdiction. 1970-71-72, c. 15, s. 25.

Records

28. Every person who is required to transmit any schedules mentioned in section 26 or 27 shall from day to day make and keep entries and records of the particulars to be comprised in those schedules. 1970-71-72, c. 15, s. 26.

Pardons

29. The Solicitor General of Canada shall cause to be filled in and transmitted to the Chief Statistician, at such times and respecting such periods as the Minister may direct, such schedules as the Minister may prescribe relating to the cases in which the prerogative of mercy has been exercised. 1970-71-72, c. 15, s. 27.

OFFENCES AND PUNISHMENT

Desertion or false declaration

30. Every person who, after taking the oath set out in subsection 6(1),

(a) deserts from his duty, or wilfully makes any false declaration, statement or return in the performance of his duties,

(b) in the pretended performance of his duties, obtains or seeks to obtain information that the person is not duly authorized to obtain, or

(c) contravenes subsection 17(1)

is guilty of an offence and liable on summary conviction to a fine not exceeding one thousand dollars or to imprisonment for a term not exceeding six months or to both. 1970-71-72, c. 15, s. 28.

False or
unlawful
information

31. Every person who, without lawful excuse,

(a) refuses or neglects to answer, or wilfully answers falsely, any question requisite for obtaining any information sought in respect of the objects of this Act or pertinent thereto that has been asked of him by any person employed or deemed to be employed under this Act, or

(b) refuses or neglects to furnish any information or to fill in to the best of his knowledge and belief any schedule or form that the person has been required to fill in, and to return the same when and as required of him pursuant to this Act, or knowingly gives false or misleading information or practises any other deception thereunder

is, for every refusal or neglect, or false answer or deception, guilty of an offence and liable on summary conviction to a fine not exceeding five hundred dollars or to imprisonment for a term not exceeding three months or to both. 1970-71-72, c. 15, s. 29.

Refusal to
grant access to
records

32. Every person

(a) who, having the custody or charge of any documents or records that are maintained in any department or in any municipal office, corporation, business or organization, from which information sought in respect of the objects of this Act can be obtained or that would aid in the completion or correction of the information, refuses or neglects to grant access to the information to any person authorized for the purpose by the Chief Statistician, or

(b) who otherwise in any way wilfully obstructs or seeks to obstruct any person employed in the execution of any duty under this Act

is guilty of an offence and liable on summary conviction to a fine not exceeding one thousand dollars or to imprisonment for a term not exceeding six months or to both. 1970-71-72, c. 15, s. 30.

Leaving notice
at house

33. (1) The leaving by an enumerator, agent or other person employed or deemed to be employed under this Act, or the delivery by the post office at any house of any schedule or form purporting to be issued pursuant to this Act, and having thereon a notice requiring that it be filled in and signed within a stated time by the occupant of the house, or in his absence by some other member of the family, is, as against the occupant, a sufficient requirement so to fill in and sign the schedule or form notwithstanding that the occupant is not named in the notice, or personally served therewith.

Leaving notice
at office

(2) The leaving by an enumerator, agent or other person employed or deemed to be employed under this Act, at the office or other

place of business of any person or the delivery by the post office to any person or his agent, of any schedule or form purporting to be issued pursuant to this Act, and having thereon a notice requiring that it be filled in and signed within a stated time is, as against the person, a sufficient requirement so to fill in and sign the schedule or form, and if so required in the notice, to mail the schedule or form within a stated time to Statistics Canada. 1970-71-72, c. 15, ss. 31, 32.

Disclosing
secret
information

34. Every person who, after taking the oath set out in subsection 6(1),

(a) wilfully discloses or divulges directly or indirectly to any person not entitled under this Act to receive the same any information obtained by him in the course of his employment that might exert an influence on or affect the market value of any stocks, bonds or other security or any product or article, or
(b) uses any information described in paragraph (a) for the purpose of speculating in any stocks, bonds or other security or any product or article

is guilty of an offence and liable on summary conviction to a fine not exceeding five thousand dollars or to imprisonment for a term not exceeding five years or to both. 1970-71-72, c. 15, s. 33.

Personation of
Statistics
Canada
employee

35. Every person who

(a) personates an employee of Statistics Canada for the purpose of obtaining information from any person, or

(b) represents himself to be making an inquiry under the authority of this Act when the person is not an officer, employee or agent of Statistics Canada,

is guilty of an offence and liable on summary conviction to a fine not exceeding one thousand dollars or to imprisonment for a term not exceeding six months or to both. 1970-71-72, c. 15, s. 34.

Application of
fines

36. All fines imposed pursuant to this Act belong to Her Majesty in right of Canada and shall be paid to the Receiver General. 1970-71-72, c. 15, s. 35.

Limitation
period

37. Any proceedings by way of summary conviction in respect of an offence under this Act may be instituted at any time within but not later than two years after the time when the subject-matter of the proceedings arose. 1970-71-72, c. 15, s. 36.

부록 3 : 統計組織形態의 長·短點 比較

부록 3 : 統計組織形態의 장·단점 比較

	집 중 형	분 산 형
장 점	<ul style="list-style-type: none"> ○ 統計의 均衡的 開發을 도모할 수 있음 ○ 豫算의 節約을 도모할 수 있음 ○ 專門要員의 集中的 활용으로 統計의 객관 및 신뢰도를 높일 수 있음 ○ 統計組織이 經濟的·機能的이 될 수 있음 ○ 統計調查의 重複을 피할 수 있고 統計調查의 結果의 상호연계가 용이함 ○ 統計技術의 축적·개발능력이 뛰어나 	<ul style="list-style-type: none"> ○ 統計需要에 신속히 대응 할 수 있음 ○ 分野別로 갖고 있는 專門知識을 最大로 활용케하여 關聯統計改善에 도움을 줄 수 있음 ○ 즉 統計設計의 신속성이 있음
단 점	<ul style="list-style-type: none"> ○ 統計需要에 대한 정확·신속한 대응 곤란 ○ 統計設計의 경직화가 있을 수 있음 	<ul style="list-style-type: none"> ○ 統計작성상의 중복으로 인한 인력과 豫算의 낭비를 초래할 수 있음 ○ 체계적이고 균형적인 통계개발이 미흡할 수 있음 ○ 統計專門要員의 集中的인 활용이 곤란함 ○ 統計의 객관성에 대하여 의혹이 발생할 수 있음

부록 4 : 主要國別 人口統計作成 現況

主要國別 人口統計 作成現況

	韓 國	日 本	臺 灣	美 國
1. 人口센서스 ○ 主管機關 ○ 調査方法	經濟企劃院 調査統計局 面接他計式	總務廳 統計局 自計式 (調査員에 依한 配付 및 回收)	內政部 戶政司 自計式 (調査員에 依한 配付 및 回收)	商務省 센서스局 自計式 (郵便에 依한 配付 및 回收)
2. 人口動態統計 ○ 申告業務 主管 機關 ○ 統計作成機關 ○ 特徵	法院行政處 經濟企劃院 調査統計局 戶主制度	法務省 保健厚生省 戶主制度가 없는 대 신 筆頭者制度가 있 음. 즉 장남도 法定 分家	內政部 戶政司 內政部 戶政司 우리나라의 戶 主制度와 類似	保健厚生省 保健統計센터 " " 戶主制度가 없음.
3. 住民登錄制度 ○ 業務主管機關 ○ 統計作成機關 ○ 特徵	內務部 經濟企劃院 調査統計局	內務省 總務廳 統計局	內政部 戶政司 內政部 戶政司 動態申告와 轉出 入申告가 家口登 錄制度 이름으로 統合되어 있음.	制度가 없음. 없음.
4. 常住人口調査 ○ 主管機關	各 市・道	없음.	없음.	없음.
5. 推計人口 ○ 作成機關	經濟企劃院 調査統計局	總務廳 統計局	企劃 및 經濟開發委員會	商務省 센서스局

부록 5 : 主要國의 人口動態申告 概要

主要國의 人口動態申告概要

한 국	미 국	카 나 다	일 본	대 만
人口動態申告 接受機關 시·구·읍·면장 ¹ 地方法院 戶籍課	Health Officer City or Town clerks State Office of Vital Statistics or State Health Department	Matron, City, Village or Town clerk, Clergy Office of Vital Stati- stics or Office of Registrar General of each province	Major, Headman of Ward Town or Village Koseki	市·區·鄉·鎮 戶政事務所 登錄係
申告業務 中央監督機關 法院行政處 法政課	없 음 NCHS 人口動態課	없 음 統計廳 保健課	法務省 保健厚生省 人口動態課	內政部 戶政司 內政部 戶政司
人口動態統計 作成機關 病院經營者 醫師, 조산원 장의사	病院經營者 醫師, 조산원 장의사	母 장의사	母 친척	父·母 친척
申告義務者 : 出生 死亡 婚姻 離婚	군청직원 ² 군청직원 ³	군청직원 ² 군청직원 ³	당사자 당사자	당사자 당사자
出生證明書 添附義務 死亡診斷書 添附義務	必要 必要	必要 必要	必要 必要	必要 必要
法定申告期間 : 出生 死亡 婚姻 離婚	3-10일 3-5일 15-45일 15-45일	7일 - 1년 1년 이내 2일 - 1년 1년 이내	14일 3일 없음 없음	15일 15일 15일 15일

註記 : 1. 우리나라의 경우 出生·死亡申告의 경우는 洞事務所에서도 接收할 수 있음. 그러나 洞事務所에서는 戶籍簿를
 2. 結婚 주례자(Marriage officiant)가 일단 婚姻 成立 여부를 地方法院으로 申請하면 洞事務所에서 州 政府로 通報함
 3. 辯護士(attorney)가 일단 離婚 成立 여부를 地方法院職員이 州 政府로 通報함

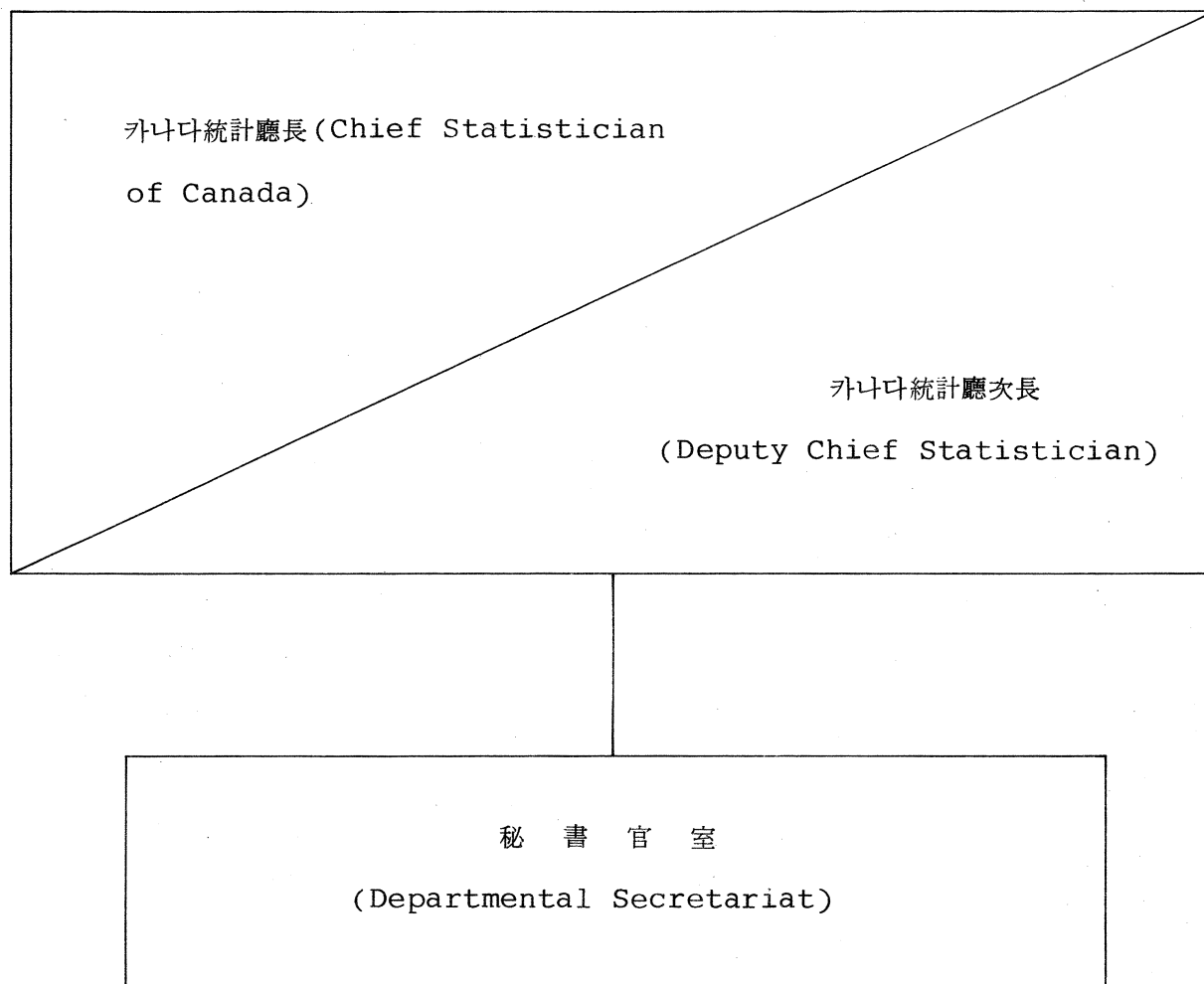
부록 6 : 캐나다의 主要人口指標

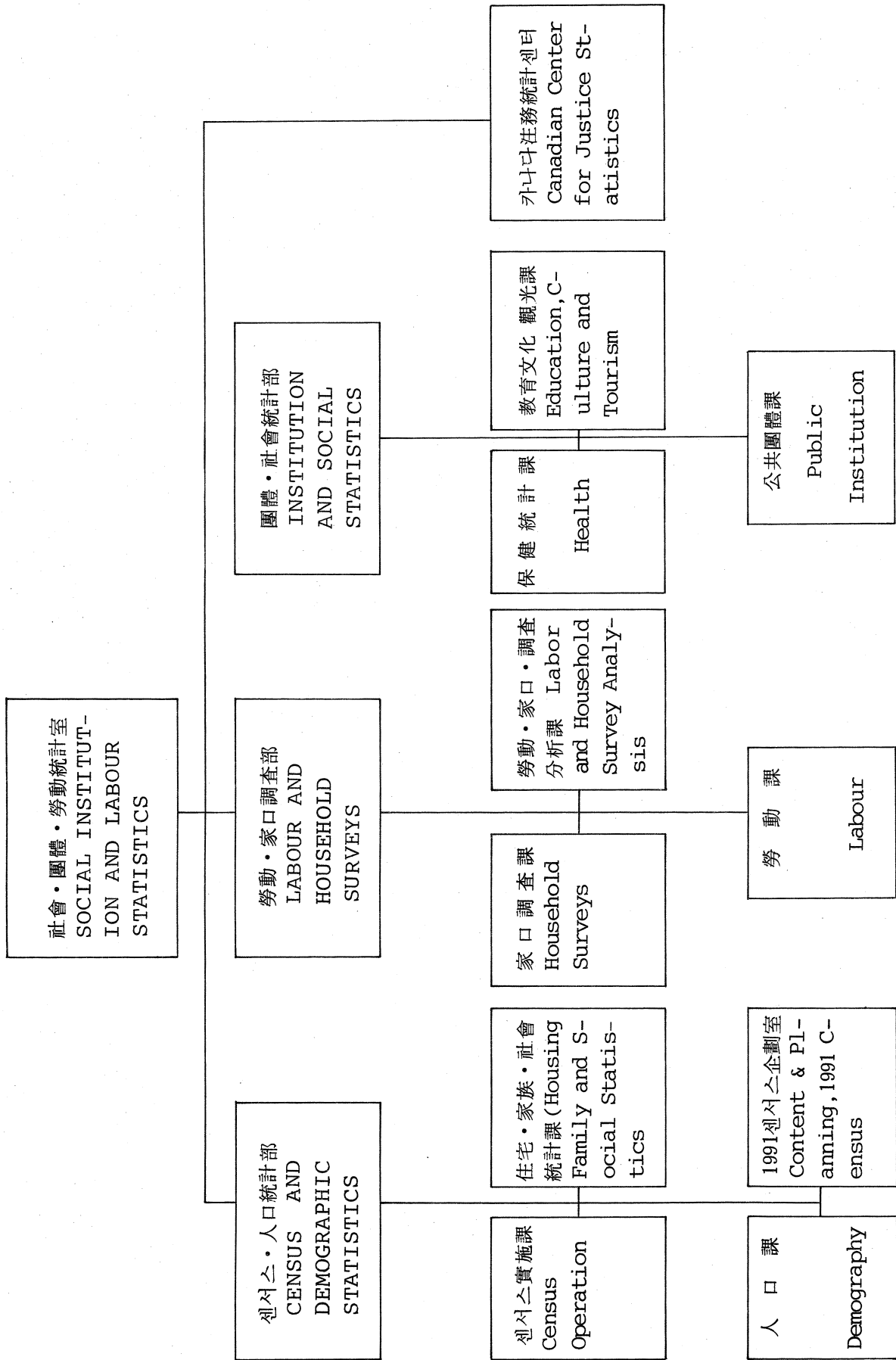
부록 6 : 캐나다의 主要人口指標

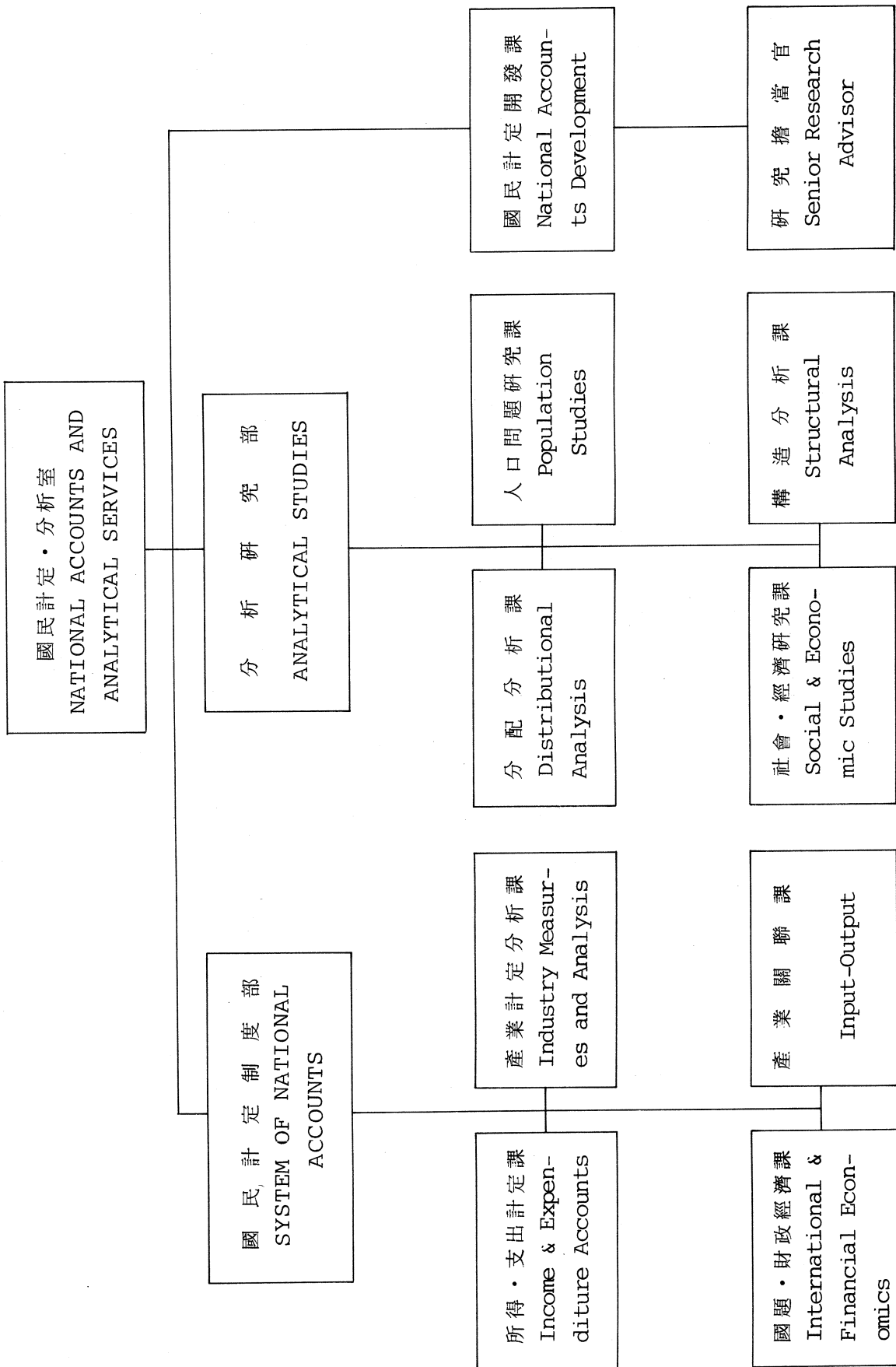
指 標	單 位	1950	1970	1985-90
總 人 口	千名	13,737	21,324	26,525(90)
60歲以上 人口比率	%	11.3	11.4	15.7(90)
60歲以上 人口比率	%	7.7	7.9	11.4(90)
영아 死亡率	出生兒 千名當	36	16	7
0 歲 期待壽命 計	歲	69.1	73.1	75.9
男	歲	66.8	69.7	72.4
女	歲	71.6	76.8	79.6
粗出生率	人口 千名當	27.8	16.0	14.1
粗死亡率	"	8.7	7.4	7.4
合計出產率	女子 한명당	3.70	1.97	1.65
中位 年齡	歲	27.7	26.0	33.3

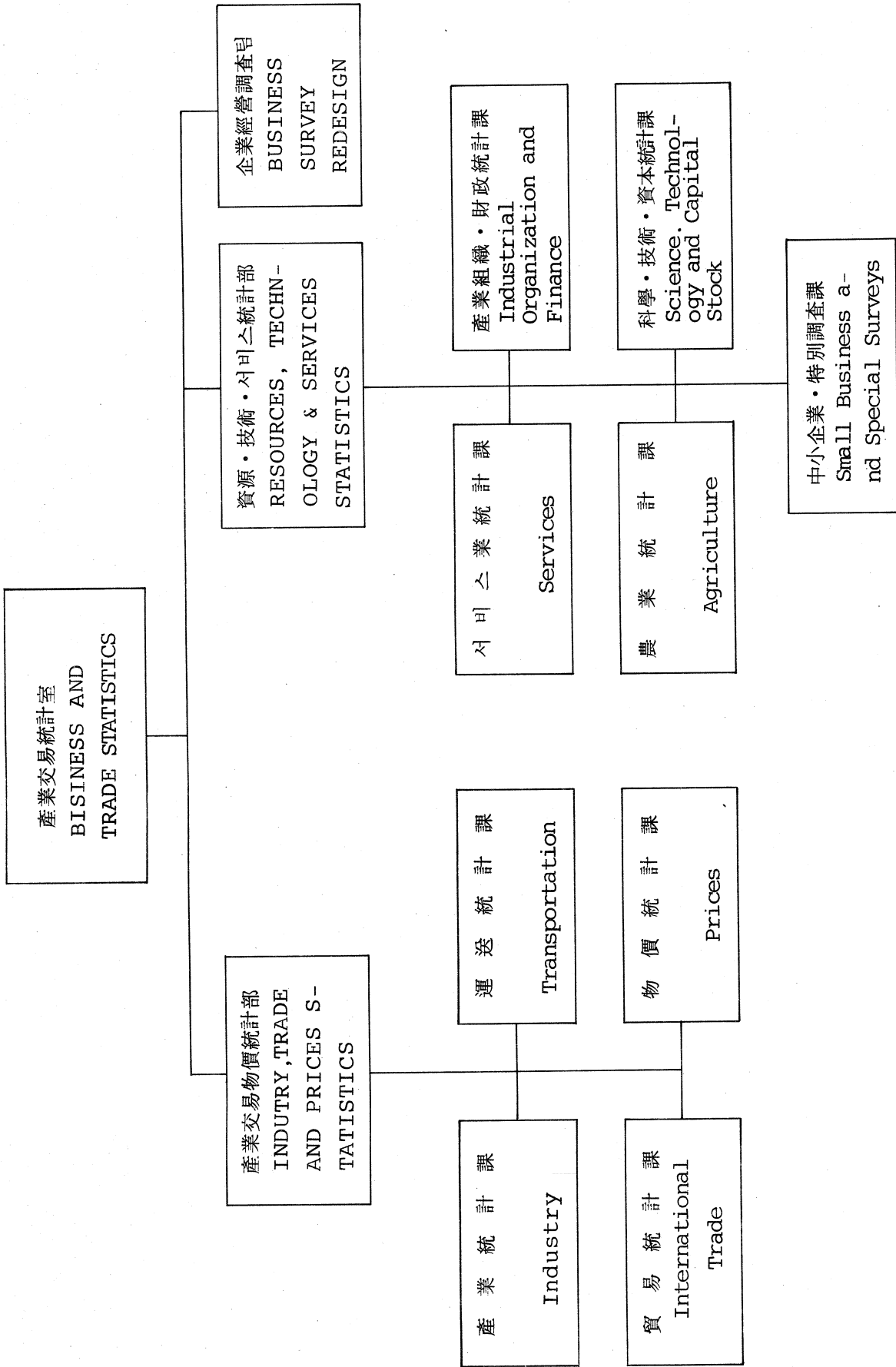
부록 7 : 캐나다 統計廳의 機構圖表

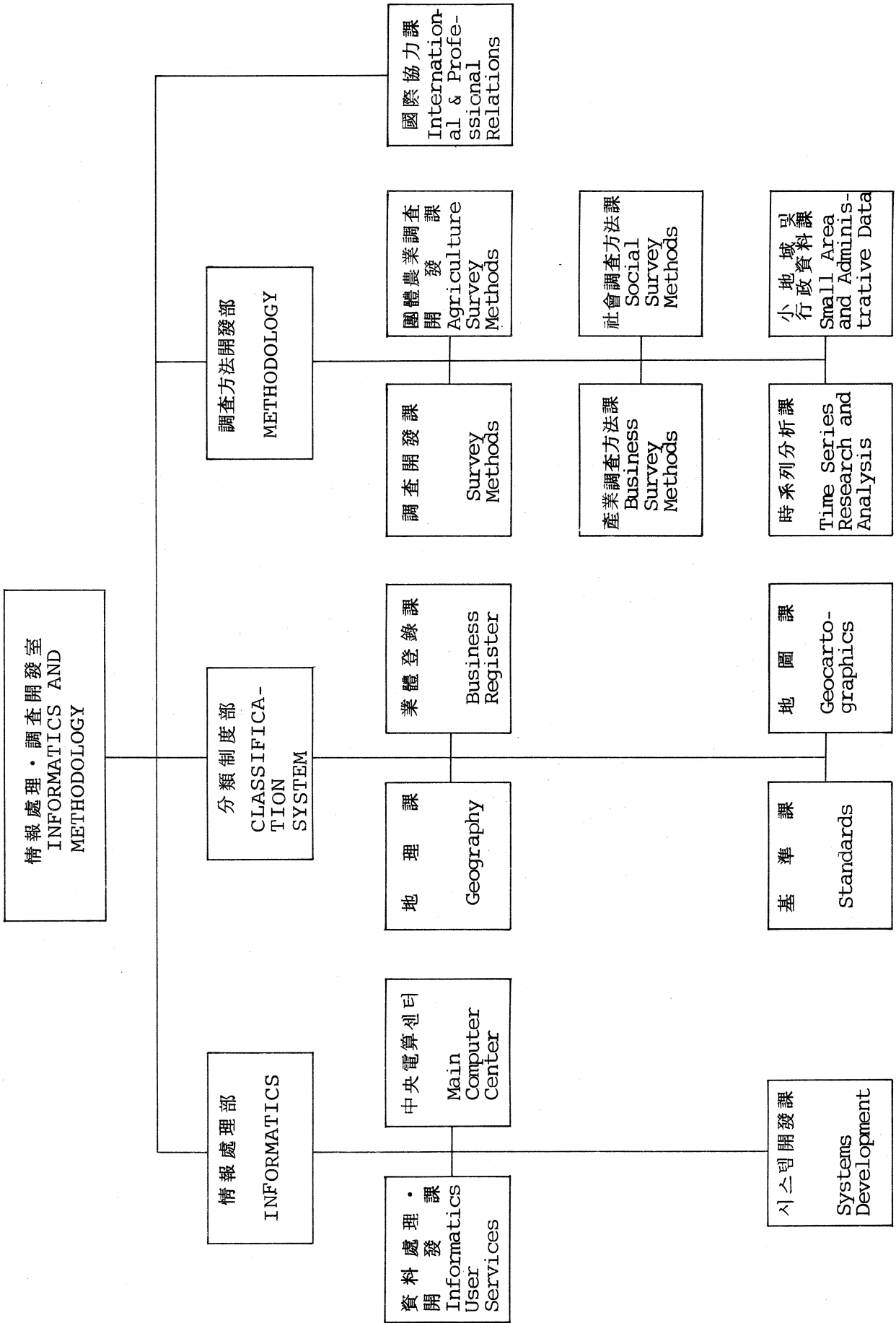
부록 7 : 캐나다 統計廳의 기구도표

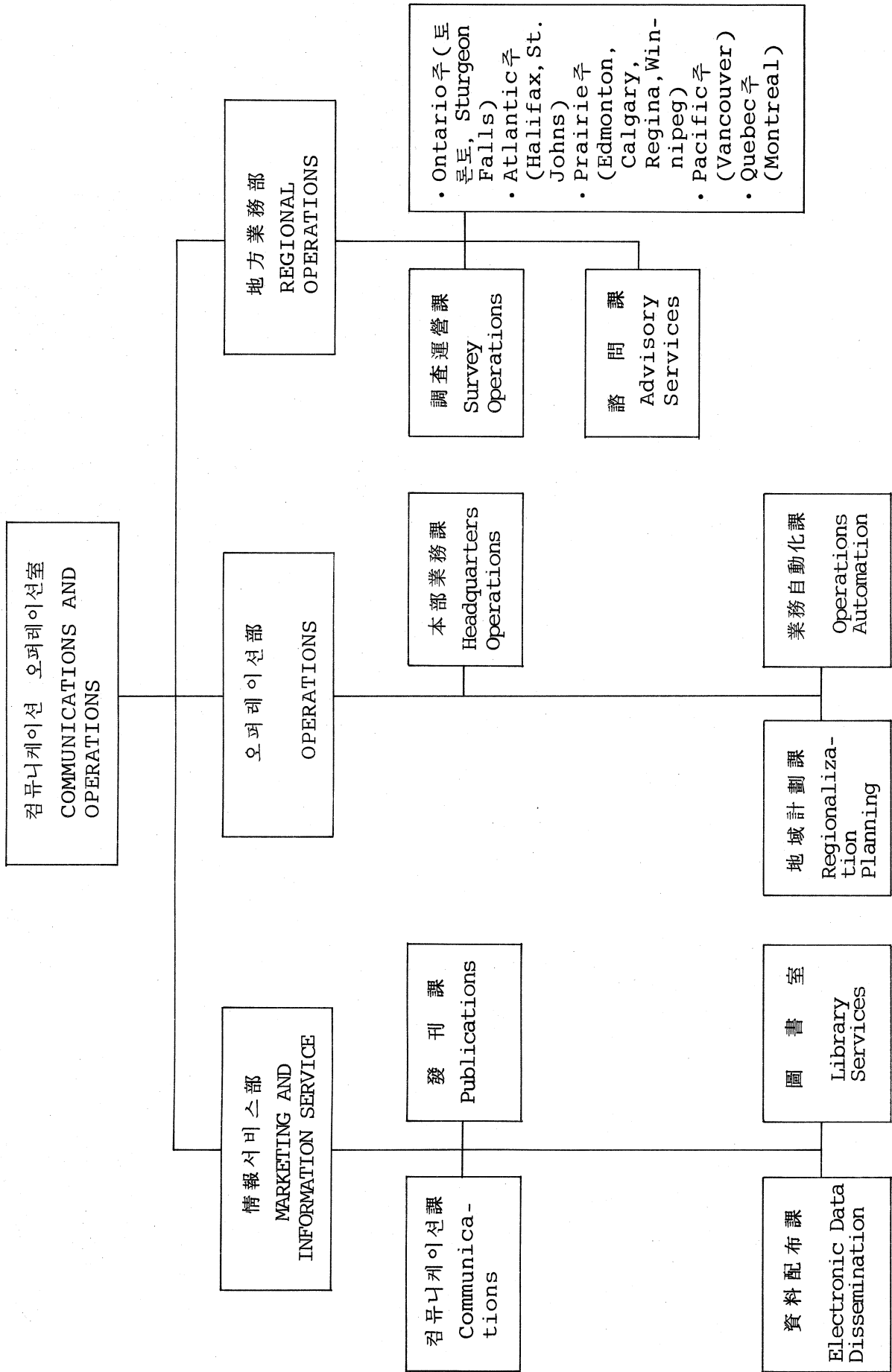


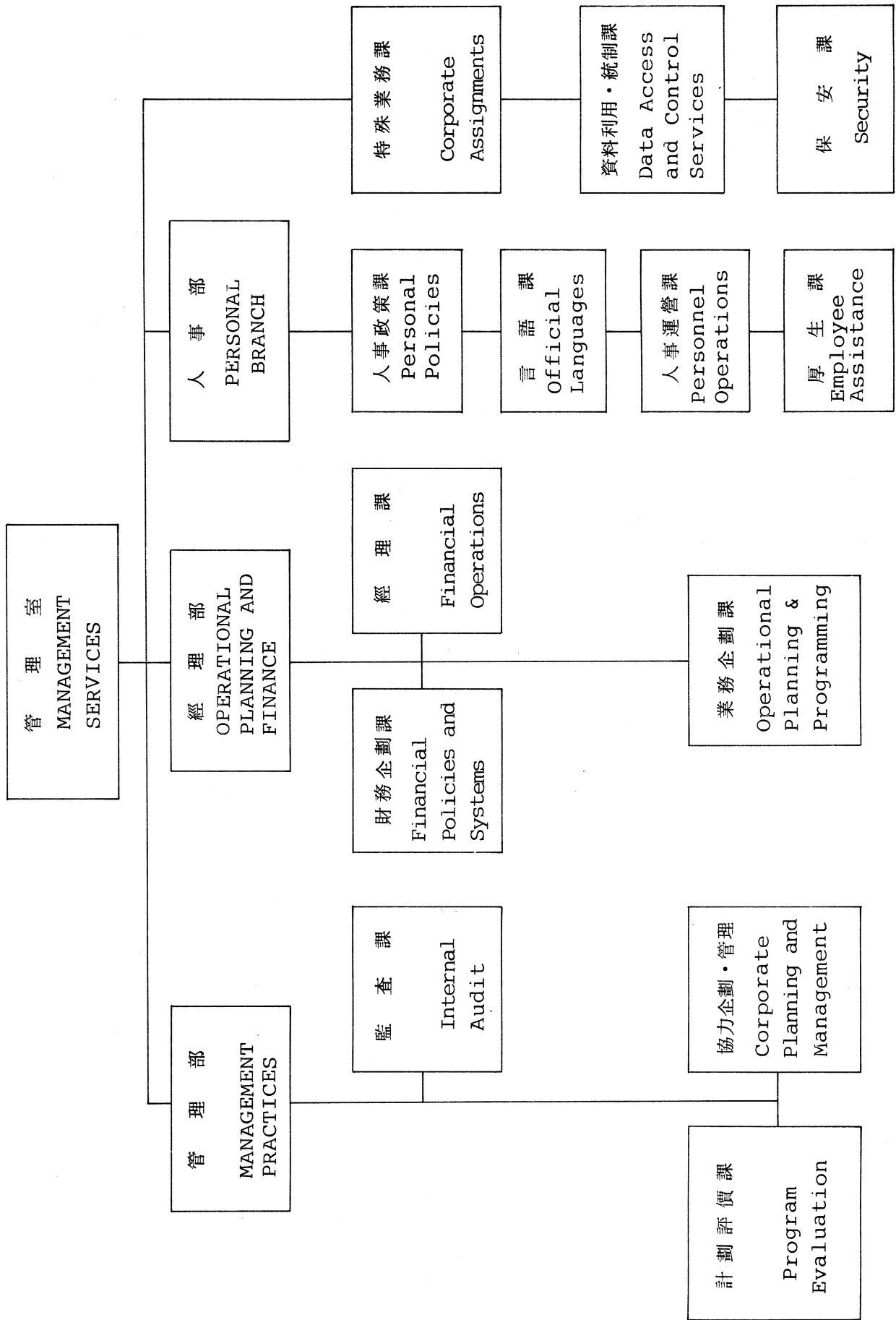












부록 8 : 1991年 캐나다센서스 調査項目

부록 8 : 1991年 캐나다 센서스 調査項目

(基本事項)

- 이름
- 出生年月日
- 性別
- 常住地
- 家口主와의 關係
- 婚姻狀態(法的)
- 婚姻狀態(事實的)

(言語事項)

- 他人과 會話時 使用言語
- 집에서 자주 말하는 言語
- 어린시절때의 使用言語

(文化的 背景事項)

- 出生地
- 國籍(citizen)
- 移民年度
- 父母의 出生地
- 父母와 祖父母의 種族(ethnic origin)
- 本人의 種族(ethnic identity)
- 有色與否
- 宗教

(移動事項)

- 1年前 居住地
- 5年前 居住地와 現居住地 一致狀態
- 5年前 居住地

(家族史 事項)

- 總 出生子女數
- 結婚事項(初婚年月日, 再婚與否, 初婚失敗事由)

(教育事項)

- 學曆履修年數(大學未滿者 對象)
- 大學에서의 履修年數
- 정규過程以外 教育機關에서의 履修年數
- 지난 두달간 就學與否
- 學位所持與否
- 專攻科目

(經濟活動事項)

- 現在就業與否(일하고 있음, 안함)
- 就業年度
- 事業體名
- 事業體가 하는 일
- 勤務處住所
- 맡은일의種類
- 직책
- 從事上的地位
- 自營人 경우 合資與否
- 就業年數期間
- 就業始作年月
- 年間就業週數
- 전업與否
- 年間所得額(賃金·俸給額, 非農業從事 自營所得額, 農業從事 自營所得額, 老人年金, 失業保險金, 配當金·利子, 隱退年金)

(現在賃金率 事項)

- 現在 就業與否
- 時間當賃金額이나 週當 또는 月當賃金額
- 집세, 稅金, 電氣料등을 支拂하는 사람의 이름
- 居處 所有形態(自家, 借家)
- 총방수
- 침실방수
- 建築年度
- 居住期間
- 수리 필요 여부
- 年間(電氣, 난방연료, 수도) 支拂額
- (새튼 경우만) 월간 임차료
- (자기집인 경우) 월간 住宅償還金, 년간 財產稅額, 住宅의 現在時價

부록 9 : 1991年 캐나다 센서스調查票



NATIONAL CENSUS TEST

November 4, 1988

Count yourself in!

A note from the Chief Statistician of Canada

For more than 300 years, the Census has provided important information about life in Canada. Since 1867, the Constitution has required that a Census be conducted at frequent intervals to collect much of Canada's important statistical information. Planning for the 1991 Census is now underway. We at Statistics Canada want to ensure that the Census questionnaire is as easy to fill in as possible. By completing this questionnaire, you are playing an important part in the development of the next Census of Canada.

The law under which the Census is taken requires Statistics Canada employees to protect the confidentiality of your answers. Absolutely no one sees your completed questionnaire except Statistics Canada employees.

Thank you for your cooperation.

Ivan P. Fellegi
Chief Statistician of Canada

How to complete this questionnaire

A Answer the questions by:

Marking a circle

OR Entering a number in a box

OR Printing in a box

B If you require help with any of the questions, use the Guide

OR Call us toll free at 1-800-267-7740

C After you answer the questions, put the questionnaire in the return postage-paid envelope and drop it in the mail.

On November 4, 1988, turn the page and start at Step 1.

CONFIDENTIAL WHEN COMPLETED

AUTHORITY: Collected under authority of the Statistics Act, Statutes of Canada 1970-71-72, Chapter 15.

Office use only					
Assignment	Docket	PSU	Group	Cluster	Rotation
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Begin here



STEP 1 - Please complete address or exact location:

No. and street or lot and concession		Apt. No.	
<input type="text"/>		<input type="text"/>	
City, town, village, Indian reserve		Province/territory	
<input type="text"/>		<input type="text"/>	
Postal code		Telephone number	
Area code		Area code	
<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"/> <input type="text"/> <input type="text"/>



STEP 2 - Make a list of all persons living or staying here on Friday, November 4th.

LIST:

- All persons who usually live here, even if they are temporarily away, for example, on a business trip, on vacation, in hospital, or children at a boarding school.
- All other persons who stayed here overnight between November 3 and 4, 1988.

(See Guide for special situations)

DO NOT LIST:

- Persons away for six months or more in an institution, such as a home for the aged, penitentiary, etc.
- Students away at college or university.

BEGIN THE LIST WITH:

- either the husband, wife or common-law partner of a couple who usually live here;
- the parent, where only one parent lives with his or her never-married son(s) or daughter(s).

If neither of the above applies, begin with any adult member of this household.

END THE LIST WITH:

- Any persons who stayed here overnight and who usually live elsewhere.

	Family name	Given name	Middle initial
PERSON 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERSON 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERSON 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERSON 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERSON 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERSON 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERSON 7	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERSON 8	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERSON 9	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERSON 10	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERSON 11	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERSON 12	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you need more space, use the Comments section on back cover.



STEP 3 - How many persons who have a usual home elsewhere in Canada stayed in this household overnight between November 3 and 4, 1988?

98 None

OR

Number of persons ► If you have not already listed these persons in Step 2, please do so now.

1

STEP 4 - Did you leave anyone out of Step 2 because you were not sure the person should be listed?

2 No

3 Yes - Print the name of each person left out and the reason

Name	Reason

If you need more space, use the Comments section on back cover.

4

STEP 5 - Does anyone in this household operate a farm, ranch or other agricultural holding?

(Other holdings include greenhouses; nurseries; feedlots, fur farms; and beekeeping, berry or maple syrup operations.)

5 No

6 Yes

STEP 6 - Turn the page and copy the names from the list in Step 2 into the spaces across the top of the page.

If there are more than six persons on your list, copy the first six only.

Then continue with the questionnaire.

1. NAME
 Make sure you copy the names in the same order as your list in Step 2.

PERSON 1	
Family name	
Given name	Middle Initial

PERSON 2	
Family name	
Given name	Middle Initial

2. DATE OF BIRTH
 Print day, month and year.
 Example: If this person was born on the 10th of February, 1945, enter

10
Day

02	1945
Month	Year

If exact date is not known, enter best estimate.

Day	

Month	Year		

Day	

Month	Year		

3. SEX

1 Male
 2 Female

1 Male
 2 Female

4. USUAL PLACE OF RESIDENCE
 Where is this person's usual home?

3 Here
Continue with Question 5

4 No usual home
Continue with Question 5

5 Outside Canada
End here for this person

6 Elsewhere in Canada
 (Print exact location below.)
End here for this person

No. and street, or lot and concession

	Apt. No.
--	----------

City, town, village, Indian reserve

Province/territory

Postal code

--	--

Telephone number:
 Area code

		-	
--	--	---	--

3 Here
Continue with Question 5

4 No usual home
Continue with Question 5

5 Outside Canada
End here for this person

6 Elsewhere in Canada
 (Print exact location below.)
End here for this person

No. and street, or lot and concession

	Apt. No.
--	----------

City, town, village, Indian reserve

Province/territory

Postal code

--	--

Telephone number:
 Area code

		-	
--	--	---	--

PERSON 3		PERSON 4		PERSON 5		PERSON 6	
Family name		Family name		Family name		Family name	
Given name	Middle initial	Given name	Middle initial	Given name	Middle initial	Given name	Middle initial

<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> Day	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> Day	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> Day	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> Day
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> Month	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> Month	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> Month	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> Month
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> Year	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> Year	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> Year	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> Year
1 <input checked="" type="radio"/> Male 2 <input type="radio"/> Female	1 <input type="radio"/> Male 2 <input type="radio"/> Female	1 <input type="radio"/> Male 2 <input type="radio"/> Female	1 <input type="radio"/> Male 2 <input type="radio"/> Female
3 <input checked="" type="radio"/> Here <i>Continue with Question 5</i>	3 <input type="radio"/> Here <i>Continue with Question 5</i>	3 <input type="radio"/> Here <i>Continue with Question 5</i>	3 <input type="radio"/> Here <i>Continue with Question 5</i>
4 <input type="radio"/> No usual home <i>Continue with Question 5</i>	4 <input type="radio"/> No usual home <i>Continue with Question 5</i>	4 <input type="radio"/> No usual home <i>Continue with Question 5</i>	4 <input type="radio"/> No usual home <i>Continue with Question 5</i>
5 <input type="radio"/> Outside Canada <i>End here for this person</i>	5 <input type="radio"/> Outside Canada <i>End here for this person</i>	5 <input type="radio"/> Outside Canada <i>End here for this person</i>	5 <input type="radio"/> Outside Canada <i>End here for this person</i>
6 <input type="radio"/> Elsewhere in Canada <i>(Print exact location below.)</i> <i>End here for this person</i>	6 <input type="radio"/> Elsewhere in Canada <i>(Print exact location below.)</i> <i>End here for this person</i>	6 <input type="radio"/> Elsewhere in Canada <i>(Print exact location below.)</i> <i>End here for this person</i>	6 <input type="radio"/> Elsewhere in Canada <i>(Print exact location below.)</i> <i>End here for this person</i>
No. and street, or lot and concession	No. and street, or lot and concession	No. and street, or lot and concession	No. and street, or lot and concession
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">Apt. No.</div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">Apt. No.</div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">Apt. No.</div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; text-align: right; padding-right: 5px;">Apt. No.</div>
City, town, village, Indian reserve	City, town, village, Indian reserve	City, town, village, Indian reserve	City, town, village, Indian reserve
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Province/territory	Province/territory	Province/territory	Province/territory
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Postal code	Postal code	Postal code	Postal code
<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Telephone number:	Telephone number:	Telephone number:	Telephone number:
Area code	Area code	Area code	Area code
<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>

1. NAME
 Make sure you copy the names in the same order as your list in Step 2.

PERSON 1	
Family name	
Given name	Middle initial

PERSON 2	
Family name	
Given name	Middle initial

5. RELATIONSHIP TO PERSON 1
 Indicate how each person in this household is related to Person 1.
 Mark one circle only.

01 Person 1

This person is Person 1's ...

02 Husband/wife
 03 Common-law partner
 04 Son/daughter
 05 Daughter-in-law/son-in-law
 06 Grandchild
 07 Father/mother
 08 Mother-in-law/father-in-law
 09 Brother/sister
 10 Sister-in-law/brother-in-law
 11 Other relative (for example, nephew, niece, son's common-law partner)
Specify

If NOT RELATED to Person 1

12 Lodger/boarder
 13 Room-mate
 14 Other non-relative (for example, employee, lodger's wife)
Specify

6. LEGAL MARITAL STATUS
 Mark one circle only.

1 Legally married (and not separated)
 2 Legally married and separated
 3 Divorced
 4 Widowed
 5 Never married (single)

1 Legally married (and not separated)
 2 Legally married and separated
 3 Divorced
 4 Widowed
 5 Never married (single)

7. COMMON-LAW STATUS
 Is this person currently living with a common-law partner?

6 No
 7 Yes

6 No
 7 Yes

LANGUAGE

8. What language or languages does this person speak well enough to conduct a fairly long conversation on different topics?
 Mark or print all the languages in which this person can carry on a conversation.

1 English
 2 French
 3 Other - Specify

4

5

6

1 English
 2 French
 3 Other - Specify

4

5

6

PERSON 3		PERSON 4		PERSON 5		PERSON 6	
Family name		Family name		Family name		Family name	
Given name	Middle initial	Given name	Middle initial	Given name	Middle initial	Given name	Middle initial

<p>This person is Person 1's ...</p> <p>04 <input type="radio"/> Son/daughter 05 <input type="radio"/> Daughter-in-law/son-in-law 06 <input type="radio"/> Grandchild 07 <input type="radio"/> Father/mother 08 <input type="radio"/> Mother-in-law/father-in-law 09 <input type="radio"/> Brother/sister 10 <input type="radio"/> Sister-in-law/brother-in-law 11 <input type="radio"/> Other relative (for example, nephew, niece, son's common-law partner) <i>Specify</i></p> <p><input type="text"/> <input type="text"/></p> <p>If NOT RELATED to Person 1</p> <p>12 <input type="radio"/> Lodger/boarder 13 <input type="radio"/> Room-mate 14 <input type="radio"/> Other non-relative (for example, employee, lodger's wife) <i>Specify</i></p> <p><input type="text"/> <input type="text"/></p>	<p>This person is Person 1's ...</p> <p>04 <input type="radio"/> Son/daughter 05 <input type="radio"/> Daughter-in-law/son-in-law 06 <input type="radio"/> Grandchild 07 <input type="radio"/> Father/mother 08 <input type="radio"/> Mother-in-law/father-in-law 09 <input type="radio"/> Brother/sister 10 <input type="radio"/> Sister-in-law/brother-in-law 11 <input type="radio"/> Other relative (for example, nephew, niece, son's common-law partner) <i>Specify</i></p> <p><input type="text"/> <input type="text"/></p> <p>If NOT RELATED to Person 1</p> <p>12 <input type="radio"/> Lodger/boarder 13 <input type="radio"/> Room-mate 14 <input type="radio"/> Other non-relative (for example, employee, lodger's wife) <i>Specify</i></p> <p><input type="text"/> <input type="text"/></p>	<p>This person is Person 1's ...</p> <p>04 <input type="radio"/> Son/daughter 05 <input type="radio"/> Daughter-in-law/son-in-law 06 <input type="radio"/> Grandchild 07 <input type="radio"/> Father/mother 08 <input type="radio"/> Mother-in-law/father-in-law 09 <input type="radio"/> Brother/sister 10 <input type="radio"/> Sister-in-law/brother-in-law 11 <input type="radio"/> Other relative (for example, nephew, niece, son's common-law partner) <i>Specify</i></p> <p><input type="text"/> <input type="text"/></p> <p>If NOT RELATED to Person 1</p> <p>12 <input type="radio"/> Lodger/boarder 13 <input type="radio"/> Room-mate 14 <input type="radio"/> Other non-relative (for example, employee, lodger's wife) <i>Specify</i></p> <p><input type="text"/> <input type="text"/></p>	<p>This person is Person 1's ...</p> <p>04 <input type="radio"/> Son/daughter 05 <input type="radio"/> Daughter-in-law/son-in-law 06 <input type="radio"/> Grandchild 07 <input type="radio"/> Father/mother 08 <input type="radio"/> Mother-in-law/father-in-law 09 <input type="radio"/> Brother/sister 10 <input type="radio"/> Sister-in-law/brother-in-law 11 <input type="radio"/> Other relative (for example, nephew, niece, son's common-law partner) <i>Specify</i></p> <p><input type="text"/> <input type="text"/></p> <p>If NOT RELATED to Person 1</p> <p>12 <input type="radio"/> Lodger/boarder 13 <input type="radio"/> Room-mate 14 <input type="radio"/> Other non-relative (for example, employee, lodger's wife) <i>Specify</i></p> <p><input type="text"/> <input type="text"/></p>
<p>1 <input type="radio"/> Legally married (and not separated) 2 <input type="radio"/> Legally married and separated 3 <input type="radio"/> Divorced 4 <input type="radio"/> Widowed 5 <input type="radio"/> Never married (single)</p>	<p>1 <input type="radio"/> Legally married (and not separated) 2 <input type="radio"/> Legally married and separated 3 <input type="radio"/> Divorced 4 <input type="radio"/> Widowed 5 <input type="radio"/> Never married (single)</p>	<p>1 <input type="radio"/> Legally married (and not separated) 2 <input type="radio"/> Legally married and separated 3 <input type="radio"/> Divorced 4 <input type="radio"/> Widowed 5 <input type="radio"/> Never married (single)</p>	<p>1 <input type="radio"/> Legally married (and not separated) 2 <input type="radio"/> Legally married and separated 3 <input type="radio"/> Divorced 4 <input type="radio"/> Widowed 5 <input type="radio"/> Never married (single)</p>
<p>6 <input type="radio"/> No 7 <input type="radio"/> Yes</p>	<p>6 <input type="radio"/> No 7 <input type="radio"/> Yes</p>	<p>6 <input type="radio"/> No 7 <input type="radio"/> Yes</p>	<p>6 <input type="radio"/> No 7 <input type="radio"/> Yes</p>
<p>1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Other - <i>Specify</i></p> <p><input type="text"/> 4 <input type="text"/></p> <p><input type="text"/> 5 <input type="text"/></p> <p><input type="text"/> 6 <input type="text"/></p>	<p>1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Other - <i>Specify</i></p> <p><input type="text"/> 4 <input type="text"/></p> <p><input type="text"/> 5 <input type="text"/></p> <p><input type="text"/> 6 <input type="text"/></p>	<p>1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Other - <i>Specify</i></p> <p><input type="text"/> 4 <input type="text"/></p> <p><input type="text"/> 5 <input type="text"/></p> <p><input type="text"/> 6 <input type="text"/></p>	<p>1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Other - <i>Specify</i></p> <p><input type="text"/> 4 <input type="text"/></p> <p><input type="text"/> 5 <input type="text"/></p> <p><input type="text"/> 6 <input type="text"/></p>

1. NAME
 Make sure you copy the names in the same order as your list in Step 2.

PERSON 1

Family name

Given name Middle initial

PERSON 2

Family name

Given name Middle initial

9. What language does this person speak most often at home?

7 English
 8 French
 9 Other - Specify

7 English
 8 French
 9 Other - Specify

10. What language did this person first speak at home in childhood?
 If more than one, mark or print the language this person spoke most often.

1 English
 2 French
 3 Other - Specify

1 English
 2 French
 3 Other - Specify

CULTURAL BACKGROUND
11. Where was this person born?
 Mark or print according to present boundaries.

In Canada:

01 Nfld. 07 Man.
 02 P.E.I. 08 Sask.
 03 N.S. 09 Alta.
 04 N.B. 10 B.C.
 05 Que. 11 Yukon
 06 Ont. 12 N.W.T.

Outside Canada:

13 United Kingdom
 14 Italy
 15 U.S.A.
 16 West Germany
 17 East Germany
 18 Poland
 19 Other - Specify

In Canada:

01 Nfld. 07 Man.
 02 P.E.I. 08 Sask.
 03 N.S. 09 Alta.
 04 N.B. 10 B.C.
 05 Que. 11 Yukon
 06 Ont. 12 N.W.T.

Outside Canada:

13 United Kingdom
 14 Italy
 15 U.S.A.
 16 West Germany
 17 East Germany
 18 Poland
 19 Other - Specify

12. Of what country is this person a citizen?
 Mark more than one circle, if applicable.

1 Canada, by birth
 2 Canada, by naturalization
 3 Same as country of birth (other than Canada)
 4 Other country

If this person is a citizen of Canada by birth, skip to Question 14.

1 Canada, by birth
 2 Canada, by naturalization
 3 Same as country of birth (other than Canada)
 4 Other country

If this person is a citizen of Canada by birth, skip to Question 14.

13. In what year did this person first immigrate to Canada?
 If exact year is not known, enter best estimate.

1 9

OR

98 Before 1900

1 9

OR

98 Before 1900

PERSON 3		PERSON 4		PERSON 5		PERSON 6	
Family name		Family name		Family name		Family name	
Given name	Middle Initial	Given name	Middle Initial	Given name	Middle Initial	Given name	Middle Initial

<p>7 <input type="radio"/> English 8 <input type="radio"/> French 9 <input type="radio"/> Other - Specify</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>7 <input type="radio"/> English 8 <input type="radio"/> French 9 <input type="radio"/> Other - Specify</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>7 <input type="radio"/> English 8 <input type="radio"/> French 9 <input type="radio"/> Other - Specify</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>7 <input type="radio"/> English 8 <input type="radio"/> French 9 <input type="radio"/> Other - Specify</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>
<p>1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Other - Specify</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Other - Specify</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Other - Specify</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>1 <input type="radio"/> English 2 <input type="radio"/> French 3 <input type="radio"/> Other - Specify</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>
<p>In Canada:</p> <p>01 <input type="radio"/> Nfld. 07 <input type="radio"/> Man. 02 <input type="radio"/> P.E.I. 08 <input type="radio"/> Sask. 03 <input type="radio"/> N.S. 09 <input type="radio"/> Alta. 04 <input type="radio"/> N.B. 10 <input type="radio"/> B.C. 05 <input type="radio"/> Que. 11 <input type="radio"/> Yukon 06 <input type="radio"/> Ont. 12 <input type="radio"/> N.W.T.</p> <p>Outside Canada:</p> <p>13 <input type="radio"/> United Kingdom 14 <input type="radio"/> Italy 15 <input type="radio"/> U.S.A. 16 <input type="radio"/> West Germany 17 <input type="radio"/> East Germany 18 <input type="radio"/> Poland 19 <input type="radio"/> Other - Specify</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>In Canada:</p> <p>01 <input type="radio"/> Nfld. 07 <input type="radio"/> Man. 02 <input type="radio"/> P.E.I. 08 <input type="radio"/> Sask. 03 <input type="radio"/> N.S. 09 <input type="radio"/> Alta. 04 <input type="radio"/> N.B. 10 <input type="radio"/> B.C. 05 <input type="radio"/> Que. 11 <input type="radio"/> Yukon 06 <input type="radio"/> Ont. 12 <input type="radio"/> N.W.T.</p> <p>Outside Canada:</p> <p>13 <input type="radio"/> United Kingdom 14 <input type="radio"/> Italy 15 <input type="radio"/> U.S.A. 16 <input type="radio"/> West Germany 17 <input type="radio"/> East Germany 18 <input type="radio"/> Poland 19 <input type="radio"/> Other - Specify</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>In Canada:</p> <p>01 <input type="radio"/> Nfld. 07 <input type="radio"/> Man. 02 <input type="radio"/> P.E.I. 08 <input type="radio"/> Sask. 03 <input type="radio"/> N.S. 09 <input type="radio"/> Alta. 04 <input type="radio"/> N.B. 10 <input type="radio"/> B.C. 05 <input type="radio"/> Que. 11 <input type="radio"/> Yukon 06 <input type="radio"/> Ont. 12 <input type="radio"/> N.W.T.</p> <p>Outside Canada:</p> <p>13 <input type="radio"/> United Kingdom 14 <input type="radio"/> Italy 15 <input type="radio"/> U.S.A. 16 <input type="radio"/> West Germany 17 <input type="radio"/> East Germany 18 <input type="radio"/> Poland 19 <input type="radio"/> Other - Specify</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>In Canada:</p> <p>01 <input type="radio"/> Nfld. 07 <input type="radio"/> Man. 02 <input type="radio"/> P.E.I. 08 <input type="radio"/> Sask. 03 <input type="radio"/> N.S. 09 <input type="radio"/> Alta. 04 <input type="radio"/> N.B. 10 <input type="radio"/> B.C. 05 <input type="radio"/> Que. 11 <input type="radio"/> Yukon 06 <input type="radio"/> Ont. 12 <input type="radio"/> N.W.T.</p> <p>Outside Canada:</p> <p>13 <input type="radio"/> United Kingdom 14 <input type="radio"/> Italy 15 <input type="radio"/> U.S.A. 16 <input type="radio"/> West Germany 17 <input type="radio"/> East Germany 18 <input type="radio"/> Poland 19 <input type="radio"/> Other - Specify</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>
<p>1 <input type="radio"/> Canada, by birth 2 <input type="radio"/> Canada, by naturalization 3 <input type="radio"/> Same as country of birth (other than Canada) 4 <input type="radio"/> Other country</p> <p>If this person is a citizen of Canada by birth, skip to Question 14.</p>	<p>1 <input type="radio"/> Canada, by birth 2 <input type="radio"/> Canada, by naturalization 3 <input type="radio"/> Same as country of birth (other than Canada) 4 <input type="radio"/> Other country</p> <p>If this person is a citizen of Canada by birth, skip to Question 14.</p>	<p>1 <input type="radio"/> Canada, by birth 2 <input type="radio"/> Canada, by naturalization 3 <input type="radio"/> Same as country of birth (other than Canada) 4 <input type="radio"/> Other country</p> <p>If this person is a citizen of Canada by birth, skip to Question 14.</p>	<p>1 <input type="radio"/> Canada, by birth 2 <input type="radio"/> Canada, by naturalization 3 <input type="radio"/> Same as country of birth (other than Canada) 4 <input type="radio"/> Other country</p> <p>If this person is a citizen of Canada by birth, skip to Question 14.</p>
<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">OR</p> <p>98 <input type="radio"/> Before 1900</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">OR</p> <p>98 <input type="radio"/> Before 1900</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">OR</p> <p>98 <input type="radio"/> Before 1900</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">OR</p> <p>98 <input type="radio"/> Before 1900</p>

1. NAME
 Make sure you copy the names in the same order as your list in Step 2.

PERSON 1	
Family name	
Given name	Middle initial

PERSON 2	
Family name	
Given name	Middle initial

14. Where were this person's parents born?
 Mark or print country according to present boundaries.

Father

1 In Canada

2 Outside Canada – Specify

Mother

3 In Canada

4 Outside Canada – Specify

Father

1 In Canada

2 Outside Canada – Specify

Mother

3 In Canada

4 Outside Canada – Specify

15. What are the ethnic or cultural origins of this person's parents and grandparents?
 Mark or print as many groups as apply.

01 French 07 Ukrainian

02 English 08 Dutch

03 German 09 Chinese

04 Scottish 10 Jewish

05 Irish 11 Polish

06 Italian 12 Portuguese

13 North American Indian

14 Métis

15 Inuit (Eskimo)

→ Continue below ↓

Specify Band or First Nation or Tribe, if applicable (for example, Cross Lake Indian Band, Haida Nation, Inuvialuit)

1

2

16 Other ethnic or cultural group(s) (for example, Greek, Norwegian, Indian from India or U.K. or Uganda, Vietnamese, Filipino, Mexican, Armenian, Haitian, Lebanese, Japanese)

Specify

3

4

17 Canadian

01 French 07 Ukrainian

02 English 08 Dutch

03 German 09 Chinese

04 Scottish 10 Jewish

05 Irish 11 Polish

06 Italian 12 Portuguese

13 North American Indian

14 Métis

15 Inuit (Eskimo)

→ Continue below ↓

Specify Band or First Nation or Tribe, if applicable (for example, Cross Lake Indian Band, Haida Nation, Inuvialuit)

1

2

16 Other ethnic or cultural group(s) (for example, Greek, Norwegian, Indian from India or U.K. or Uganda, Vietnamese, Filipino, Mexican, Armenian, Haitian, Lebanese, Japanese)

Specify

3

4

17 Canadian

PERSON 3		PERSON 4		PERSON 5		PERSON 6	
Family name		Family name		Family name		Family name	
Given name	Middle Initial	Given name	Middle Initial	Given name	Middle Initial	Given name	Middle Initial

Father

1 In Canada

2 Outside Canada – *Specify*

Mother

3 In Canada

4 Outside Canada – *Specify*

Father

1 In Canada

2 Outside Canada – *Specify*

Mother

3 In Canada

4 Outside Canada – *Specify*

Father

1 In Canada

2 Outside Canada – *Specify*

Mother

3 In Canada

4 Outside Canada – *Specify*

Father

1 In Canada

2 Outside Canada – *Specify*

Mother

3 In Canada

4 Outside Canada – *Specify*

01 French 07 Ukrainian

02 English 08 Dutch

03 German 09 Chinese

04 Scottish 10 Jewish

05 Irish 11 Polish

06 Italian 12 Portuguese

13 North American Indian

14 Métis

15 Inuit (Eskimo)

Continue below

Specify Band or First Nation or Tribe, if applicable (for example, Cross Lake Indian Band, Haida Nation, Inuvialuit)

1

2

16 Other ethnic or cultural group(s) (for example, Greek, Norwegian, Indian from India or U.K. or Uganda, Vietnamese, Filipino, Mexican, Armenian, Haitian, Lebanese, Japanese)

Specify

3

4

17 Canadian

01 French 07 Ukrainian

02 English 08 Dutch

03 German 09 Chinese

04 Scottish 10 Jewish

05 Irish 11 Polish

06 Italian 12 Portuguese

13 North American Indian

14 Métis

15 Inuit (Eskimo)

Continue below

Specify Band or First Nation or Tribe, if applicable (for example, Cross Lake Indian Band, Haida Nation, Inuvialuit)

1

2

16 Other ethnic or cultural group(s) (for example, Greek, Norwegian, Indian from India or U.K. or Uganda, Vietnamese, Filipino, Mexican, Armenian, Haitian, Lebanese, Japanese)

Specify

3

4

17 Canadian

01 French 07 Ukrainian

02 English 08 Dutch

03 German 09 Chinese

04 Scottish 10 Jewish

05 Irish 11 Polish

06 Italian 12 Portuguese

13 North American Indian

14 Métis

15 Inuit (Eskimo)

Continue below

Specify Band or First Nation or Tribe, if applicable (for example, Cross Lake Indian Band, Haida Nation, Inuvialuit)

1

2

16 Other ethnic or cultural group(s) (for example, Greek, Norwegian, Indian from India or U.K. or Uganda, Vietnamese, Filipino, Mexican, Armenian, Haitian, Lebanese, Japanese)

Specify

3

4

17 Canadian

01 French 07 Ukrainian

02 English 08 Dutch

03 German 09 Chinese

04 Scottish 10 Jewish

05 Irish 11 Polish

06 Italian 12 Portuguese

13 North American Indian

14 Métis

15 Inuit (Eskimo)

Continue below

Specify Band or First Nation or Tribe, if applicable (for example, Cross Lake Indian Band, Haida Nation, Inuvialuit)

1

2

16 Other ethnic or cultural group(s) (for example, Greek, Norwegian, Indian from India or U.K. or Uganda, Vietnamese, Filipino, Mexican, Armenian, Haitian, Lebanese, Japanese)

Specify

3

4

17 Canadian

1. NAME
 Make sure you copy the names in the same order as your list in Step 2.

PERSON 1	
Family name	
Given name	Middle initial

PERSON 2	
Family name	
Given name	Middle initial

16. What is this person's ethnic or cultural identity?
 Mark or print as many groups as apply.

01 French 07 Ukrainian
 02 English 08 Dutch
 03 German 09 Chinese
 04 Scottish 10 Jewish
 05 Irish 11 Polish
 06 Italian 12 Portuguese
 13 North American Indian
 14 Métis
 15 Inuit (Eskimo)

Continue below ↓

Specify Band or First Nation or Tribe, if applicable (for example, Cross Lake Indian Band, Haida Nation, Inuvialuit)

16 Other ethnic or cultural group(s) (for example, Greek, Norwegian, Indian from India or U.K. or Uganda, Vietnamese, Filipino, Mexican, Armenian, Haitian, Lebanese, Japanese)

Specify

1
 2

17 Canadian

01 French 07 Ukrainian
 02 English 08 Dutch
 03 German 09 Chinese
 04 Scottish 10 Jewish
 05 Irish 11 Polish
 06 Italian 12 Portuguese
 13 North American Indian
 14 Métis
 15 Inuit (Eskimo)

Continue below ↓

Specify Band or First Nation or Tribe, if applicable (for example, Cross Lake Indian Band, Haida Nation, Inuvialuit)

16 Other ethnic or cultural group(s) (for example, Greek, Norwegian, Indian from India or U.K. or Uganda, Vietnamese, Filipino, Mexican, Armenian, Haitian, Lebanese, Japanese)

Specify

1
 2

17 Canadian

17. Which of the following best describes this person's race or colour?
 Persons of mixed race should mark or print the applicable groups.

1 White
 2 Asian
 3 Black
 4 Other race or colour - Specify

1 White
 2 Asian
 3 Black
 4 Other race or colour - Specify

PERSON 3	
Family name	
Given name	Middle Initial

PERSON 4	
Family name	
Given name	Middle initial

PERSON 5	
Family name	
Given name	Middle initial

PERSON 6	
Family name	
Given name	Middle initial

01 French 07 Ukrainian
 02 English 08 Dutch
 03 German 09 Chinese
 04 Scottish 10 Jewish
 05 Irish 11 Polish
 06 Italian 12 Portuguese

13 North American Indian
 14 Métis
 15 Inuit (Eskimo)

Continue below
↓

Specify Band or First Nation or Tribe, if applicable (for example, Cross Lake Indian Band, Haida Nation, Inuvialuit)

16 Other ethnic or cultural group(s) (for example, Greek, Norwegian, Indian from India or U.K. or Uganda, Vietnamese, Filipino, Mexican, Armenian, Haitian, Lebanese, Japanese)

Specify

1

2

17 Canadian

1 White
 2 Asian
 3 Black
 4 Other race or colour - Specify

01 French 07 Ukrainian
 02 English 08 Dutch
 03 German 09 Chinese
 04 Scottish 10 Jewish
 05 Irish 11 Polish
 06 Italian 12 Portuguese

13 North American Indian
 14 Métis
 15 Inuit (Eskimo)

Continue below
↓

Specify Band or First Nation or Tribe, if applicable (for example, Cross Lake Indian Band, Haida Nation, Inuvialuit)

16 Other ethnic or cultural group(s) (for example, Greek, Norwegian, Indian from India or U.K. or Uganda, Vietnamese, Filipino, Mexican, Armenian, Haitian, Lebanese, Japanese)

Specify

1

2

17 Canadian

1 White
 2 Asian
 3 Black
 4 Other race or colour - Specify

01 French 07 Ukrainian
 02 English 08 Dutch
 03 German 09 Chinese
 04 Scottish 10 Jewish
 05 Irish 11 Polish
 06 Italian 12 Portuguese

13 North American Indian
 14 Métis
 15 Inuit (Eskimo)

Continue below
↓

Specify Band or First Nation or Tribe, if applicable (for example, Cross Lake Indian Band, Haida Nation, Inuvialuit)

16 Other ethnic or cultural group(s) (for example, Greek, Norwegian, Indian from India or U.K. or Uganda, Vietnamese, Filipino, Mexican, Armenian, Haitian, Lebanese, Japanese)

Specify

1

2

17 Canadian

1 White
 2 Asian
 3 Black
 4 Other race or colour - Specify

01 French 07 Ukrainian
 02 English 08 Dutch
 03 German 09 Chinese
 04 Scottish 10 Jewish
 05 Irish 11 Polish
 06 Italian 12 Portuguese

13 North American Indian
 14 Métis
 15 Inuit (Eskimo)

Continue below
↓

Specify Band or First Nation or Tribe, if applicable (for example, Cross Lake Indian Band, Haida Nation, Inuvialuit)

16 Other ethnic or cultural group(s) (for example, Greek, Norwegian, Indian from India or U.K. or Uganda, Vietnamese, Filipino, Mexican, Armenian, Haitian, Lebanese, Japanese)

Specify

1

2

17 Canadian

1 White
 2 Asian
 3 Black
 4 Other race or colour - Specify

1. NAME
 Make sure you copy the names in the same order as your list in Step 2.

PERSON 1	
Family name	
Given name	Middle initial

PERSON 2	
Family name	
Given name	Middle initial

18. RELIGION
 What is this person's religion?
 Mark one circle only.

- 01 Roman Catholic
 - 02 United Church
 - 03 Anglican
 - 04 Presbyterian
 - 05 Lutheran
 - 06 Baptist
 - 07 Pentecostal
 - 08 Greek Orthodox
 - 09 Jewish
 - 10 Ukrainian Catholic
 - 11 Mennonite
 - 12 Jehovah's Witnesses
 - 13 Salvation Army
 - 14 Islam
 - 15 Hindu
 - 16 Sikh
 - 17 Other - Specify
-
- 18 No religion

- 01 Roman Catholic
 - 02 United Church
 - 03 Anglican
 - 04 Presbyterian
 - 05 Lutheran
 - 06 Baptist
 - 07 Pentecostal
 - 08 Greek Orthodox
 - 09 Jewish
 - 10 Ukrainian Catholic
 - 11 Mennonite
 - 12 Jehovah's Witnesses
 - 13 Salvation Army
 - 14 Islam
 - 15 Hindu
 - 16 Sikh
 - 17 Other - Specify
-
- 18 No religion

STEP 7: Answer Questions 19 to 45 for each person aged 15 or over.

MOBILITY
 19. Where did this person live 1 year ago, that is, on November 4, 1987?
 Mark one circle only.

- 1 Lived in the same province/territory
 - 2 Lived in a different province/territory in Canada
 (Print name of province/territory)
-
- 3 Lived outside Canada
 (Print name of country)
-

- 1 Lived in the same province/territory
 - 2 Lived in a different province/territory in Canada
 (Print name of province/territory)
-
- 3 Lived outside Canada
 (Print name of country)
-

20. Did this person live at this present address 5 years ago, that is, on November 4, 1983?

- 4 Yes, lived at the same address as now
 Skip to Question 22
- 5 No, lived at a different address

- 4 Yes, lived at the same address as now
 Skip to Question 22
- 5 No, lived at a different address

PERSON 3		PERSON 4		PERSON 5		PERSON 6	
Family name		Family name		Family name		Family name	
Given name	Middle initial	Given name	Middle initial	Given name	Middle initial	Given name	Middle initial

01 <input type="radio"/> Roman Catholic 02 <input type="radio"/> United Church 03 <input type="radio"/> Anglican 04 <input type="radio"/> Presbyterian 05 <input type="radio"/> Lutheran 06 <input type="radio"/> Baptist 07 <input type="radio"/> Pentecostal 08 <input type="radio"/> Greek Orthodox 09 <input type="radio"/> Jewish 10 <input type="radio"/> Ukrainian Catholic 11 <input type="radio"/> Mennonite 12 <input type="radio"/> Jehovah's Witnesses 13 <input type="radio"/> Salvation Army 14 <input type="radio"/> Islam 15 <input type="radio"/> Hindu 16 <input type="radio"/> Sikh 17 <input type="radio"/> Other - Specify <input type="text"/> <input type="text"/> <input type="text"/> 18 <input type="radio"/> No religion	01 <input type="radio"/> Roman Catholic 02 <input type="radio"/> United Church 03 <input type="radio"/> Anglican 04 <input type="radio"/> Presbyterian 05 <input type="radio"/> Lutheran 06 <input type="radio"/> Baptist 07 <input type="radio"/> Pentecostal 08 <input type="radio"/> Greek Orthodox 09 <input type="radio"/> Jewish 10 <input type="radio"/> Ukrainian Catholic 11 <input type="radio"/> Mennonite 12 <input type="radio"/> Jehovah's Witnesses 13 <input type="radio"/> Salvation Army 14 <input type="radio"/> Islam 15 <input type="radio"/> Hindu 16 <input type="radio"/> Sikh 17 <input type="radio"/> Other - Specify <input type="text"/> <input type="text"/> <input type="text"/> 18 <input type="radio"/> No religion	01 <input type="radio"/> Roman Catholic 02 <input type="radio"/> United Church 03 <input type="radio"/> Anglican 04 <input type="radio"/> Presbyterian 05 <input type="radio"/> Lutheran 06 <input type="radio"/> Baptist 07 <input type="radio"/> Pentecostal 08 <input type="radio"/> Greek Orthodox 09 <input type="radio"/> Jewish 10 <input type="radio"/> Ukrainian Catholic 11 <input type="radio"/> Mennonite 12 <input type="radio"/> Jehovah's Witnesses 13 <input type="radio"/> Salvation Army 14 <input type="radio"/> Islam 15 <input type="radio"/> Hindu 16 <input type="radio"/> Sikh 17 <input type="radio"/> Other - Specify <input type="text"/> <input type="text"/> <input type="text"/> 18 <input type="radio"/> No religion	01 <input type="radio"/> Roman Catholic 02 <input type="radio"/> United Church 03 <input type="radio"/> Anglican 04 <input type="radio"/> Presbyterian 05 <input type="radio"/> Lutheran 06 <input type="radio"/> Baptist 07 <input type="radio"/> Pentecostal 08 <input type="radio"/> Greek Orthodox 09 <input type="radio"/> Jewish 10 <input type="radio"/> Ukrainian Catholic 11 <input type="radio"/> Mennonite 12 <input type="radio"/> Jehovah's Witnesses 13 <input type="radio"/> Salvation Army 14 <input type="radio"/> Islam 15 <input type="radio"/> Hindu 16 <input type="radio"/> Sikh 17 <input type="radio"/> Other - Specify <input type="text"/> <input type="text"/> <input type="text"/> 18 <input type="radio"/> No religion
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 **STEP 7: Answer Questions 19 to 45 for each person aged 15 or over.**

1 <input type="radio"/> Lived in the same province/territory 2 <input type="radio"/> Lived in a different province/territory in Canada <i>(Print name of province/territory)</i> <input type="text"/> <input type="text"/> <input type="text"/> 3 <input type="radio"/> Lived outside Canada <i>(Print name of country)</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="radio"/> Lived in the same province/territory 2 <input type="radio"/> Lived in a different province/territory in Canada <i>(Print name of province/territory)</i> <input type="text"/> <input type="text"/> <input type="text"/> 3 <input type="radio"/> Lived outside Canada <i>(Print name of country)</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="radio"/> Lived in the same province/territory 2 <input type="radio"/> Lived in a different province/territory in Canada <i>(Print name of province/territory)</i> <input type="text"/> <input type="text"/> <input type="text"/> 3 <input type="radio"/> Lived outside Canada <i>(Print name of country)</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="radio"/> Lived in the same province/territory 2 <input type="radio"/> Lived in a different province/territory in Canada <i>(Print name of province/territory)</i> <input type="text"/> <input type="text"/> <input type="text"/> 3 <input type="radio"/> Lived outside Canada <i>(Print name of country)</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4 <input type="radio"/> Yes, lived at the same address as now Skip to Question 22 5 <input type="radio"/> No, lived at a different address	4 <input type="radio"/> Yes, lived at the same address as now Skip to Question 22 5 <input type="radio"/> No, lived at a different address	4 <input type="radio"/> Yes, lived at the same address as now Skip to Question 22 5 <input type="radio"/> No, lived at a different address	4 <input type="radio"/> Yes, lived at the same address as now Skip to Question 22 5 <input type="radio"/> No, lived at a different address

1. NAME
 Make sure you copy the names in the same order as your list in Step 2.

PERSON 1	
Family name	
Given name	Middle initial

PERSON 2	
Family name	
Given name	Middle initial

21. Where did this person live 5 years ago, that is, on November 4, 1983?

Some larger cities are made up of smaller cities or towns called municipalities. Where applicable, distinguish between the municipality and the large city, such as Anjou and Montréal, Scarborough and Toronto, Burnaby and Vancouver.

Mark one circle only.

1 Lived in the same city, town, village, township, municipality or Indian reserve

OR

2 Lived in a different city, town, village, township, municipality or Indian reserve in Canada (*Print below.*)

City, town, village, township, municipality or Indian reserve

County (if known)

Province/territory

OR

3 Lived outside Canada (*Print name of country*)
 5

4

1 Lived in the same city, town, village, township, municipality or Indian reserve

OR

2 Lived in a different city, town, village, township, municipality or Indian reserve in Canada (*Print below.*)

City, town, village, township, municipality or Indian reserve

County (if known)

Province/territory

OR

3 Lived outside Canada (*Print name of country*)
 5

4

FAMILY HISTORY

22. For WOMEN only: How many children were ever born to this person? (*Count all children including those who may have died since birth or who may now be living elsewhere. Do not include stillbirths.*)

98 None

OR

Number of children

98 None

OR

Number of children

23. For ALL PERSONS who are married or have ever been married:

(a) What was the date of this person's first marriage?
If exact month and year are not known, please enter best estimate.

(b) Has this person been married more than once?

(c) If married more than once – Did this person's first marriage end because of the death of the husband or wife?

Month Year
 19

1 No – Skip to Question 24
 2 Yes, more than once

3 No
 4 Yes

Month Year
 19

1 No – Skip to Question 24
 2 Yes, more than once

3 No
 4 Yes

EDUCATION

24. What is the highest grade (or year) of secondary (high school) or elementary school this person ever attended?

Highest grade or year (1 to 13) of secondary or elementary school

OR

94 Never attended school or attended kindergarten only

Highest grade or year (1 to 13) of secondary or elementary school

OR

94 Never attended school or attended kindergarten only

PERSON 3		PERSON 4		PERSON 5		PERSON 6	
Family name		Family name		Family name		Family name	
Given name	Middle initial	Given name	Middle initial	Given name	Middle initial	Given name	Middle initial

1 Lived in the **same city, town, village, township, municipality or Indian reserve**

OR

2 Lived in a **different city, town, village, township, municipality or Indian reserve in Canada (Print below.)**

City, town, village, township, municipality or Indian reserve

County (if known)

Province/territory

OR

3 Lived **outside Canada (Print name of country)**

5

4

98 None

OR

Number of children

Month Year
 19

1 No – Skip to Question 24
2 Yes, more than once

3 No
4 Yes

Highest grade or year (1 to 13) of secondary or elementary school

OR

94 Never attended school or attended kindergarten only

1 Lived in the **same city, town, village, township, municipality or Indian reserve**

OR

2 Lived in a **different city, town, village, township, municipality or Indian reserve in Canada (Print below.)**

City, town, village, township, municipality or Indian reserve

County (if known)

Province/territory

OR

3 Lived **outside Canada (Print name of country)**

5

4

98 None

OR

Number of children

Month Year
 19

1 No – Skip to Question 24
2 Yes, more than once

3 No
4 Yes

Highest grade or year (1 to 13) of secondary or elementary school

OR

94 Never attended school or attended kindergarten only

1 Lived in the **same city, town, village, township, municipality or Indian reserve**

OR

2 Lived in a **different city, town, village, township, municipality or Indian reserve in Canada (Print below.)**

City, town, village, township, municipality or Indian reserve

County (if known)

Province/territory

OR

3 Lived **outside Canada (Print name of country)**

5

4

98 None

OR

Number of children

Month Year
 19

1 No – Skip to Question 24
2 Yes, more than once

3 No
4 Yes

Highest grade or year (1 to 13) of secondary or elementary school

OR

94 Never attended school or attended kindergarten only

1 Lived in the **same city, town, village, township, municipality or Indian reserve**

OR

2 Lived in a **different city, town, village, township, municipality or Indian reserve in Canada (Print below.)**

City, town, village, township, municipality or Indian reserve

County (if known)

Province/territory

OR

3 Lived **outside Canada (Print name of country)**

5

4

98 None

OR

Number of children

Month Year
 19

1 No – Skip to Question 24
2 Yes, more than once

3 No
4 Yes

Highest grade or year (1 to 13) of secondary or elementary school

OR

94 Never attended school or attended kindergarten only

1. NAME
 Make sure you copy the names in the same order as your list in Step 2.

PERSON 1	
Family name	
Given name	Middle initial

PERSON 2	
Family name	
Given name	Middle initial

25. How many years of education has this person completed at university?

95 None
 96 Less than 1 year (of completed courses)
 Number of completed years at university

95 None
 96 Less than 1 year (of completed courses)
 Number of completed years at university

26. How many years of schooling has this person ever completed at an institution other than a university, a secondary (high school) or an elementary school?
Include years of schooling at community colleges, institutes of technology, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc.

97 None
 98 Less than 1 year (of completed courses)
 Number of completed years at institutions such as community colleges, trade schools, CEGEPs, etc.

97 None
 98 Less than 1 year (of completed courses)
 Number of completed years at institutions such as community colleges, trade schools, CEGEPs, etc.

27. Has this person attended a school, college or university at any time in the past two months, that is, since September?
Include only courses which can be used as credits towards a certificate, diploma or degree at secondary schools, business or trade schools, community colleges, institutes of technology, CEGEPs, etc.
 Mark one circle only.

1 Yes, full time
 2 Yes, part time, day or evening
 3 No, did not attend in past two months

1 Yes, full time
 2 Yes, part time, day or evening
 3 No, did not attend in past two months

28. What degrees, certificates or diplomas has this person ever obtained?
 Mark as many circles as applicable.

01 None – Skip to Question 30
 02 Secondary/high school graduation certificate or completion
 03 Trades certificate or diploma
 04 Other non-university certificate or diploma (obtained at community colleges, CEGEP, institute of technology, etc.)
 05 University certificate or diploma below bachelor level
 06 Bachelor's degree(s) (e.g., B.A., B. Sc., B.A.Sc., LL.B.)
 07 University certificate or diploma above bachelor level
 08 Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
 09 Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
 10 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

01 None – Skip to Question 30
 02 Secondary/high school graduation certificate or completion
 03 Trades certificate or diploma
 04 Other non-university certificate or diploma (obtained at community colleges, CEGEP, institute of technology, etc.)
 05 University certificate or diploma below bachelor level
 06 Bachelor's degree(s) (e.g., B.A., B. Sc., B.A.Sc., LL.B.)
 07 University certificate or diploma above bachelor level
 08 Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)
 09 Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
 10 Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)

PERSON 3		PERSON 4		PERSON 5		PERSON 6	
Family name		Family name		Family name		Family name	
Given name	Middle initial	Given name	Middle initial	Given name	Middle initial	Given name	Middle initial

<p>95 <input type="radio"/> None</p> <p>96 <input type="radio"/> Less than 1 year (of completed courses)</p> <p><input type="checkbox"/> Number of completed years at university</p>	<p>95 <input type="radio"/> None</p> <p>96 <input type="radio"/> Less than 1 year (of completed courses)</p> <p><input type="checkbox"/> Number of completed years at university</p>	<p>95 <input type="radio"/> None</p> <p>96 <input type="radio"/> Less than 1 year (of completed courses)</p> <p><input type="checkbox"/> Number of completed years at university</p>	<p>95 <input type="radio"/> None</p> <p>96 <input type="radio"/> Less than 1 year (of completed courses)</p> <p><input type="checkbox"/> Number of completed years at university</p>
<p>97 <input type="radio"/> None</p> <p>98 <input type="radio"/> Less than 1 year (of completed courses)</p> <p><input type="checkbox"/> Number of completed years at institutions such as community colleges, trade schools, CEGEPs, etc.</p>	<p>97 <input type="radio"/> None</p> <p>98 <input type="radio"/> Less than 1 year (of completed courses)</p> <p><input type="checkbox"/> Number of completed years at institutions such as community colleges, trade schools, CEGEPs, etc.</p>	<p>97 <input type="radio"/> None</p> <p>98 <input type="radio"/> Less than 1 year (of completed courses)</p> <p><input type="checkbox"/> Number of completed years at institutions such as community colleges, trade schools, CEGEPs, etc.</p>	<p>97 <input type="radio"/> None</p> <p>98 <input type="radio"/> Less than 1 year (of completed courses)</p> <p><input type="checkbox"/> Number of completed years at institutions such as community colleges, trade schools, CEGEPs, etc.</p>
<p>1 <input type="radio"/> Yes, full time</p> <p>2 <input type="radio"/> Yes, part time, day or evening</p> <p>3 <input type="radio"/> No, did not attend in past two months</p>	<p>1 <input type="radio"/> Yes, full time</p> <p>2 <input type="radio"/> Yes, part time, day or evening</p> <p>3 <input type="radio"/> No, did not attend in past two months</p>	<p>1 <input type="radio"/> Yes, full time</p> <p>2 <input type="radio"/> Yes, part time, day or evening</p> <p>3 <input type="radio"/> No, did not attend in past two months</p>	<p>1 <input type="radio"/> Yes, full time</p> <p>2 <input type="radio"/> Yes, part time, day or evening</p> <p>3 <input type="radio"/> No, did not attend in past two months</p>
<p>01 <input type="radio"/> None – Skip to Question 30</p> <p>02 <input type="radio"/> Secondary/high school graduation certificate or completion</p> <p>03 <input type="radio"/> Trades certificate or diploma</p> <p>04 <input type="radio"/> Other non-university certificate or diploma (obtained at community colleges, CEGEP, Institute of technology, etc.)</p> <p>05 <input type="radio"/> University certificate or diploma below bachelor level</p> <p>06 <input type="radio"/> Bachelor's degree(s) (e.g., B.A., B. Sc., B.A.Sc., LL.B.)</p> <p>07 <input type="radio"/> University certificate or diploma above bachelor level</p> <p>08 <input type="radio"/> Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)</p> <p>09 <input type="radio"/> Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)</p> <p>10 <input type="radio"/> Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)</p>	<p>01 <input type="radio"/> None – Skip to Question 30</p> <p>02 <input type="radio"/> Secondary/high school graduation certificate or completion</p> <p>03 <input type="radio"/> Trades certificate or diploma</p> <p>04 <input type="radio"/> Other non-university certificate or diploma (obtained at community colleges, CEGEP, Institute of technology, etc.)</p> <p>05 <input type="radio"/> University certificate or diploma below bachelor level</p> <p>06 <input type="radio"/> Bachelor's degree(s) (e.g., B.A., B. Sc., B.A.Sc., LL.B.)</p> <p>07 <input type="radio"/> University certificate or diploma above bachelor level</p> <p>08 <input type="radio"/> Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)</p> <p>09 <input type="radio"/> Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)</p> <p>10 <input type="radio"/> Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)</p>	<p>01 <input type="radio"/> None – Skip to Question 30</p> <p>02 <input type="radio"/> Secondary/high school graduation certificate or completion</p> <p>03 <input type="radio"/> Trades certificate or diploma</p> <p>04 <input type="radio"/> Other non-university certificate or diploma (obtained at community colleges, CEGEP, Institute of technology, etc.)</p> <p>05 <input type="radio"/> University certificate or diploma below bachelor level</p> <p>06 <input type="radio"/> Bachelor's degree(s) (e.g., B.A., B. Sc., B.A.Sc., LL.B.)</p> <p>07 <input type="radio"/> University certificate or diploma above bachelor level</p> <p>08 <input type="radio"/> Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)</p> <p>09 <input type="radio"/> Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)</p> <p>10 <input type="radio"/> Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)</p>	<p>01 <input type="radio"/> None – Skip to Question 30</p> <p>02 <input type="radio"/> Secondary/high school graduation certificate or completion</p> <p>03 <input type="radio"/> Trades certificate or diploma</p> <p>04 <input type="radio"/> Other non-university certificate or diploma (obtained at community colleges, CEGEP, Institute of technology, etc.)</p> <p>05 <input type="radio"/> University certificate or diploma below bachelor level</p> <p>06 <input type="radio"/> Bachelor's degree(s) (e.g., B.A., B. Sc., B.A.Sc., LL.B.)</p> <p>07 <input type="radio"/> University certificate or diploma above bachelor level</p> <p>08 <input type="radio"/> Master's degree(s) (e.g., M.A., M.Sc., M.Ed.)</p> <p>09 <input type="radio"/> Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)</p> <p>10 <input type="radio"/> Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)</p>

1. NAME
 Make sure you copy the names in the same order as your list in Step 2.

PERSON 1	
Family name	
Given name	Middle initial

PERSON 2	
Family name	
Given name	Middle initial

29. What was the major field of study or training of this person's highest degree, certificate or diploma (excluding secondary or high school graduation certificates)?
 (For example, accounting, civil engineering, history, legal secretary, welding)

Major field of study

OR

1 This person's highest diploma is a secondary/high school graduation certificate

Major field of study

OR

1 This person's highest diploma is a secondary/high school graduation certificate

WORK
30. Is this person currently employed?

2 Yes – Skip to Question 32
 3 No

2 Yes – Skip to Question 32
 3 No

31. When did this person last work, even for a few days?
 Exclude volunteer work, unpaid housework or home maintenance.

4 In 1988
Continue with next question
 5 In 1987
Continue with next question
 6 Before 1987
 Skip to Question 43
 7 Never worked
 Skip to Question 43

4 In 1988
Continue with next question
 5 In 1987
Continue with next question
 6 Before 1987
 Skip to Question 43
 7 Never worked
 Skip to Question 43

32. For whom did this person work?
Note: Questions 32 to 40 refer to this person's job or business last week. If this person held no job last week, answer for the job of longest duration since January 1, 1987. If this person held more than one job last week, answer for the job at which the most hours were worked.

Name of firm, government agency, etc.

Department, branch, division, section, plant

Name of firm, government agency, etc.

Department, branch, division, section, plant

PERSON 3		PERSON 4		PERSON 5		PERSON 6	
Family name		Family name		Family name		Family name	
Given name	Middle initial	Given name	Middle initial	Given name	Middle initial	Given name	Middle initial

<p>Major field of study</p> <p>_____</p> <p>_____</p> <p>OR</p> <p>1 <input type="radio"/> This person's highest diploma is a secondary/high school graduation certificate</p>	<p>Major field of study</p> <p>_____</p> <p>_____</p> <p>OR</p> <p>1 <input type="radio"/> This person's highest diploma is a secondary/high school graduation certificate</p>	<p>Major field of study</p> <p>_____</p> <p>_____</p> <p>OR</p> <p>1 <input type="radio"/> This person's highest diploma is a secondary/high school graduation certificate</p>	<p>Major field of study</p> <p>_____</p> <p>_____</p> <p>OR</p> <p>1 <input type="radio"/> This person's highest diploma is a secondary/high school graduation certificate</p>
<p>2 <input type="radio"/> Yes – Skip to Question 32</p> <p>3 <input type="radio"/> No</p>	<p>2 <input type="radio"/> Yes – Skip to Question 32</p> <p>3 <input type="radio"/> No</p>	<p>2 <input type="radio"/> Yes – Skip to Question 32</p> <p>3 <input type="radio"/> No</p>	<p>2 <input type="radio"/> Yes – Skip to Question 32</p> <p>3 <input type="radio"/> No</p>
<p>4 <input type="radio"/> In 1988 <i>Continue with next question</i></p> <p>5 <input type="radio"/> In 1987 <i>Continue with next question</i></p> <p>6 <input type="radio"/> Before 1987 Skip to Question 43</p> <p>7 <input type="radio"/> Never worked Skip to Question 43</p>	<p>4 <input type="radio"/> In 1988 <i>Continue with next question</i></p> <p>5 <input type="radio"/> In 1987 <i>Continue with next question</i></p> <p>6 <input type="radio"/> Before 1987 Skip to Question 43</p> <p>7 <input type="radio"/> Never worked Skip to Question 43</p>	<p>4 <input type="radio"/> In 1988 <i>Continue with next question</i></p> <p>5 <input type="radio"/> In 1987 <i>Continue with next question</i></p> <p>6 <input type="radio"/> Before 1987 Skip to Question 43</p> <p>7 <input type="radio"/> Never worked Skip to Question 43</p>	<p>4 <input type="radio"/> In 1988 <i>Continue with next question</i></p> <p>5 <input type="radio"/> In 1987 <i>Continue with next question</i></p> <p>6 <input type="radio"/> Before 1987 Skip to Question 43</p> <p>7 <input type="radio"/> Never worked Skip to Question 43</p>
<p>Name of firm, government agency, etc.</p> <p>_____</p> <p>_____</p> <p>Department, branch, division, section, plant</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Name of firm, government agency, etc.</p> <p>_____</p> <p>_____</p> <p>Department, branch, division, section, plant</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Name of firm, government agency, etc.</p> <p>_____</p> <p>_____</p> <p>Department, branch, division, section, plant</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Name of firm, government agency, etc.</p> <p>_____</p> <p>_____</p> <p>Department, branch, division, section, plant</p> <p>_____</p> <p>_____</p> <p>_____</p>

1. NAME
 Make sure you copy the names in the same order as your list in Step 2.

PERSON 1	
Family name	
Given name	Middle initial

PERSON 2	
Family name	
Given name	Middle initial

33. What kind of business, industry or service was this?
 Give full description. For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school, temporary help agency, municipal police.

Business, industry or service

□ □ □ □

Business, industry or service

□ □ □ □

34. At what address does this person usually work?
 If street address is unknown, print the name of the building or nearest street intersection. Some larger cities are made up of smaller cities or towns called municipalities. Where applicable, distinguish between the municipality and the large city, such as Anjou and Montréal, Scarborough and Toronto, Burnaby and Vancouver.

1 Worked at home (including farms)
 2 Worked outside Canada
 3 Worked at the address specified below

Street address

City, town, village, municipality or Indian reserve

--

Province/territory

--

Postal code

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

1 Worked at home (including farms)
 2 Worked outside Canada
 3 Worked at the address specified below

Street address

City, town, village, municipality or Indian reserve

--

Province/territory

--

Postal code

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

35. What kind of work was this person doing?
 For example, medical lab technician, accounting clerk, manager of civil engineering department, secondary school teacher, supervisor of data entry unit, food processing labourer, fishing guide. (If in the Armed Forces, give rank only.)

Kind of work

Kind of work

36. In this work, what were this person's most important duties or activities?
 For example, analysing blood sample, verifying invoices, co-ordinating civil engineering projects, teaching mathematics, organizing work schedule and monitoring data entry system, cleaning vegetables, guiding fishing parties.

Most important duties or activities

□ □ □ □

Most important duties or activities

□ □ □ □

PERSON 3		PERSON 4		PERSON 5		PERSON 6	
Family name		Family name		Family name		Family name	
Given name	Middle initial	Given name	Middle initial	Given name	Middle initial	Given name	Middle initial

<p>Business, industry or service</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Business, industry or service</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Business, industry or service</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Business, industry or service</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>1 <input type="radio"/> Worked at home (including farms)</p> <p>2 <input type="radio"/> Worked outside Canada</p> <p>3 <input type="radio"/> Worked at the address specified below</p> <p>Street address</p> <p>_____</p> <p>_____</p> <p>City, town, village, municipality or Indian reserve</p> <p>_____</p> <p>Province/territory</p> <p>_____</p> <p>Postal code</p> <p>____</p>	<p>1 <input type="radio"/> Worked at home (including farms)</p> <p>2 <input type="radio"/> Worked outside Canada</p> <p>3 <input type="radio"/> Worked at the address specified below</p> <p>Street address</p> <p>_____</p> <p>_____</p> <p>City, town, village, municipality or Indian reserve</p> <p>_____</p> <p>Province/territory</p> <p>_____</p> <p>Postal code</p> <p>____</p>	<p>1 <input type="radio"/> Worked at home (including farms)</p> <p>2 <input type="radio"/> Worked outside Canada</p> <p>3 <input type="radio"/> Worked at the address specified below</p> <p>Street address</p> <p>_____</p> <p>_____</p> <p>City, town, village, municipality or Indian reserve</p> <p>_____</p> <p>Province/territory</p> <p>_____</p> <p>Postal code</p> <p>____</p>	<p>1 <input type="radio"/> Worked at home (including farms)</p> <p>2 <input type="radio"/> Worked outside Canada</p> <p>3 <input type="radio"/> Worked at the address specified below</p> <p>Street address</p> <p>_____</p> <p>_____</p> <p>City, town, village, municipality or Indian reserve</p> <p>_____</p> <p>Province/territory</p> <p>_____</p> <p>Postal code</p> <p>____</p>
<p>Kind of work</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Kind of work</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Kind of work</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Kind of work</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Most important duties or activities</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Most important duties or activities</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Most important duties or activities</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Most important duties or activities</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

1. NAME
 Make sure you copy the names in the same order as your list in Step 2.

PERSON 1	
Family name	
Given name	Middle Initial

PERSON 2	
Family name	
Given name	Middle Initial

37. In this job was this person mainly:

1 Working for wages, salary, tips or commission?
 Skip to Question 39

2 Working without pay for their spouse or another relative in a family farm or business?
 Skip to Question 39

3 Self-employed without paid help (alone or in partnership)?
 Continue with next question

4 Self-employed with paid help (alone or in partnership)?
 Continue with next question

1 Working for wages, salary, tips or commission?
 Skip to Question 39

2 Working without pay for their spouse or another relative in a family farm or business?
 Skip to Question 39

3 Self-employed without paid help (alone or in partnership)?
 Continue with next question

4 Self-employed with paid help (alone or in partnership)?
 Continue with next question

38. If self-employed, was this person's farm or business incorporated?

5 No

6 Yes

5 No

6 Yes

39. Since this person stopped going to school full time, in how many years has he/she worked at least part of the year?

97 Not applicable, full time student
 Skip to Question 41

OR

Number of years

97 Not applicable, full time student
 Skip to Question 41

OR

Number of years

40. When did this person start to work for their present or most recent employer? If self-employed, see Guide.

Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1	9	

Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1	9	

41. In how many weeks did this person work in 1987?

Include those weeks in which this person:

- was on vacation or sick leave with pay;
- worked full time or part time;
- worked for wages, salary, tips or commission;
- was self-employed or an unpaid worker in a family farm or business.

98 None
 Skip to Question 43

OR

Number of weeks
 Continue with next question

98 None
 Skip to Question 43

OR

Number of weeks
 Continue with next question

42. During most of those weeks, did this person work full time or part time?

Mark one circle only.

7 Full time (30 hours or more per week)

8 Part time (less than 30 hours per week)

7 Full time (30 hours or more per week)

8 Part time (less than 30 hours per week)

PERSON 3		PERSON 4		PERSON 5		PERSON 6	
Family name		Family name		Family name		Family name	
Given name	Middle initial	Given name	Middle initial	Given name	Middle initial	Given name	Middle initial

<p>1 <input type="radio"/> Working for wages, salary, tips or commission? Skip to Question 39</p> <p>2 <input type="radio"/> Working without pay for their spouse or another relative in a family farm or business? Skip to Question 39</p> <p>3 <input type="radio"/> Self-employed without paid help (alone or in partnership)? Continue with next question</p> <p>4 <input type="radio"/> Self-employed with paid help (alone or in partnership)? Continue with next question</p>	<p>1 <input type="radio"/> Working for wages, salary, tips or commission? Skip to Question 39</p> <p>2 <input type="radio"/> Working without pay for their spouse or another relative in a family farm or business? Skip to Question 39</p> <p>3 <input type="radio"/> Self-employed without paid help (alone or in partnership)? Continue with next question</p> <p>4 <input type="radio"/> Self-employed with paid help (alone or in partnership)? Continue with next question</p>	<p>1 <input type="radio"/> Working for wages, salary, tips or commission? Skip to Question 39</p> <p>2 <input type="radio"/> Working without pay for their spouse or another relative in a family farm or business? Skip to Question 39</p> <p>3 <input type="radio"/> Self-employed without paid help (alone or in partnership)? Continue with next question</p> <p>4 <input type="radio"/> Self-employed with paid help (alone or in partnership)? Continue with next question</p>	<p>1 <input type="radio"/> Working for wages, salary, tips or commission? Skip to Question 39</p> <p>2 <input type="radio"/> Working without pay for their spouse or another relative in a family farm or business? Skip to Question 39</p> <p>3 <input type="radio"/> Self-employed without paid help (alone or in partnership)? Continue with next question</p> <p>4 <input type="radio"/> Self-employed with paid help (alone or in partnership)? Continue with next question</p>
<p>5 <input type="radio"/> No</p> <p>6 <input type="radio"/> Yes</p>	<p>5 <input type="radio"/> No</p> <p>6 <input type="radio"/> Yes</p>	<p>5 <input type="radio"/> No</p> <p>6 <input type="radio"/> Yes</p>	<p>5 <input type="radio"/> No</p> <p>6 <input type="radio"/> Yes</p>
<p>97 <input type="radio"/> Not applicable, full time student Skip to Question 41</p> <p>OR</p> <p><input type="text"/> Number of years</p>	<p>97 <input type="radio"/> Not applicable, full time student Skip to Question 41</p> <p>OR</p> <p><input type="text"/> Number of years</p>	<p>97 <input type="radio"/> Not applicable, full time student Skip to Question 41</p> <p>OR</p> <p><input type="text"/> Number of years</p>	<p>97 <input type="radio"/> Not applicable, full time student Skip to Question 41</p> <p>OR</p> <p><input type="text"/> Number of years</p>
<p>Month Year</p> <p><input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/></p>	<p>Month Year</p> <p><input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/></p>	<p>Month Year</p> <p><input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/></p>	<p>Month Year</p> <p><input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/></p>
<p>98 <input type="radio"/> None Skip to Question 43</p> <p>OR</p> <p><input type="text"/> Number of weeks Continue with next question</p>	<p>98 <input type="radio"/> None Skip to Question 43</p> <p>OR</p> <p><input type="text"/> Number of weeks Continue with next question</p>	<p>98 <input type="radio"/> None Skip to Question 43</p> <p>OR</p> <p><input type="text"/> Number of weeks Continue with next question</p>	<p>98 <input type="radio"/> None Skip to Question 43</p> <p>OR</p> <p><input type="text"/> Number of weeks Continue with next question</p>
<p>7 <input type="radio"/> Full time (30 hours or more per week)</p> <p>8 <input type="radio"/> Part time (less than 30 hours per week)</p>	<p>7 <input type="radio"/> Full time (30 hours or more per week)</p> <p>8 <input type="radio"/> Part time (less than 30 hours per week)</p>	<p>7 <input type="radio"/> Full time (30 hours or more per week)</p> <p>8 <input type="radio"/> Part time (less than 30 hours per week)</p>	<p>7 <input type="radio"/> Full time (30 hours or more per week)</p> <p>8 <input type="radio"/> Part time (less than 30 hours per week)</p>

1. NAME
 Make sure you copy the names in the same order as your list in Step 2.

PERSON 1	
Family name	
Given name	Middle Initial

PERSON 2	
Family name	
Given name	Middle Initial

43. INCOME IN 1987

During the year ending December 31, 1987, did this person receive any income or suffer any loss from the sources listed below?

- If yes, mark "Yes" and enter the amount; in case of a loss, also mark "Loss".
- If no, mark "No" and proceed to the next source.
- Do not include family allowances and child tax credits.
- Consult the Guide for details.

(a) Total wages and salaries including commissions, bonuses, tips, etc., before any deductions

(b) Net non-farm self-employment income (gross receipts minus expenses) from unincorporated business, professional practice, etc., on own account or in partnership

(c) Net farm self-employment income (gross receipts minus expenses) from agricultural operations on own account or in partnership

(d) Old age security pension and guaranteed income supplement from federal government only (provincial income supplements should be reported in (g))

(e) Benefits from Canada or Quebec Pension Plan

(f) Benefits from Unemployment Insurance (total benefits before tax deductions)

(g) Other income from government sources including provincial income supplements and grants and social assistance, e.g., veterans' pensions, workers' compensation, welfare payments (do not include family allowances and child tax credits)

(h) Dividends and interest on bonds, deposits and savings certificates, and other investment income, e.g., net rents from real estate, interest from mortgages

(i) Retirement pensions, superannuation and annuities

(j) Other money income, e.g., alimony, scholarships

(k) TOTAL INCOME from all of the above sources

		Dollars	Cents
01	Yes →		
02	No		
03	Yes →		
04	No		
			1 <input type="radio"/> Loss
05	Yes →		
06	No		
			2 <input type="radio"/> Loss
07	Yes →		
08	No		
09	Yes →		
10	No		
11	Yes →		
12	No		
13	Yes →		
14	No		
15	Yes →		
16	No		
			3 <input type="radio"/> Loss
17	Yes →		
18	No		
19	Yes →		
20	No		
21	Yes →		
22	No		
			4 <input type="radio"/> Loss

		Dollars	Cents
01	Yes →		
02	No		
03	Yes →		
04	No		
			1 <input type="radio"/> Loss
05	Yes →		
06	No		
			2 <input type="radio"/> Loss
07	Yes →		
08	No		
09	Yes →		
10	No		
11	Yes →		
12	No		
13	Yes →		
14	No		
15	Yes →		
16	No		
			3 <input type="radio"/> Loss
17	Yes →		
18	No		
19	Yes →		
20	No		
21	Yes →		
22	No		
			4 <input type="radio"/> Loss

PERSON 3	
Family name	
Given name	Middle initial

PERSON 4	
Family name	
Given name	Middle initial

PERSON 5	
Family name	
Given name	Middle initial

PERSON 6	
Family name	
Given name	Middle initial

01 <input type="radio"/> Yes →	Dollars	Cents	<input type="text"/>	<input type="text"/>
02 <input type="radio"/> No				
03 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
04 <input type="radio"/> No				
	1 <input type="radio"/> Loss			
05 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
06 <input type="radio"/> No				
	2 <input type="radio"/> Loss			
07 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
08 <input type="radio"/> No				
09 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
10 <input type="radio"/> No				
11 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
12 <input type="radio"/> No				
13 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
14 <input type="radio"/> No				
15 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
16 <input type="radio"/> No				
	3 <input type="radio"/> Loss			
17 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
18 <input type="radio"/> No				
19 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
20 <input type="radio"/> No				
21 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
22 <input type="radio"/> No				
	4 <input type="radio"/> Loss			

01 <input type="radio"/> Yes →	Dollars	Cents	<input type="text"/>	<input type="text"/>
02 <input type="radio"/> No				
03 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
04 <input type="radio"/> No				
	1 <input type="radio"/> Loss			
05 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
06 <input type="radio"/> No				
	2 <input type="radio"/> Loss			
07 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
08 <input type="radio"/> No				
09 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
10 <input type="radio"/> No				
11 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
12 <input type="radio"/> No				
13 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
14 <input type="radio"/> No				
15 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
16 <input type="radio"/> No				
	3 <input type="radio"/> Loss			
17 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
18 <input type="radio"/> No				
19 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
20 <input type="radio"/> No				
21 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
22 <input type="radio"/> No				
	4 <input type="radio"/> Loss			

01 <input type="radio"/> Yes →	Dollars	Cents	<input type="text"/>	<input type="text"/>
02 <input type="radio"/> No				
03 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
04 <input type="radio"/> No				
	1 <input type="radio"/> Loss			
05 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
06 <input type="radio"/> No				
	2 <input type="radio"/> Loss			
07 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
08 <input type="radio"/> No				
09 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
10 <input type="radio"/> No				
11 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
12 <input type="radio"/> No				
13 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
14 <input type="radio"/> No				
15 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
16 <input type="radio"/> No				
	3 <input type="radio"/> Loss			
17 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
18 <input type="radio"/> No				
19 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
20 <input type="radio"/> No				
21 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
22 <input type="radio"/> No				
	4 <input type="radio"/> Loss			

01 <input type="radio"/> Yes →	Dollars	Cents	<input type="text"/>	<input type="text"/>
02 <input type="radio"/> No				
03 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
04 <input type="radio"/> No				
	1 <input type="radio"/> Loss			
05 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
06 <input type="radio"/> No				
	2 <input type="radio"/> Loss			
07 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
08 <input type="radio"/> No				
09 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
10 <input type="radio"/> No				
11 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
12 <input type="radio"/> No				
13 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
14 <input type="radio"/> No				
15 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
16 <input type="radio"/> No				
	3 <input type="radio"/> Loss			
17 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
18 <input type="radio"/> No				
19 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
20 <input type="radio"/> No				
21 <input type="radio"/> Yes →	<input type="text"/>	<input type="text"/>		
22 <input type="radio"/> No				
	4 <input type="radio"/> Loss			

1. NAME
 Make sure you copy the names in the same order as your list in Step 2.

PERSON 1	
Family name	
Given name	Middle initial

PERSON 2	
Family name	
Given name	Middle initial

CURRENT PAY RATE

44. Is this person currently working for a wage or salary?

45. What is this person's usual hourly wage before taxes and other deductions?
If this person holds more than one job, answer for the job at which the most hours are worked.

OR

If unable to provide an hourly wage, then this person should report:

- the usual pay period, that is, how often paid, and
- the usual gross salary for the period indicated.

1 No
Skip to Step 8

2 Yes

Dollars Cents
 per hour

OR

Check one period and give corresponding amount:

3 per week
 Dollars Cents

4 every two weeks
 Dollars Cents

5 per month
 Dollars Cents

6 per year
 Dollars Cents

7 other – Specify
 Period

 Dollars Cents

1 No
Skip to Step 8

2 Yes

Dollars Cents
 per hour

OR

Check one period and give corresponding amount:

3 per week
 Dollars Cents

4 every two weeks
 Dollars Cents

5 per month
 Dollars Cents

6 per year
 Dollars Cents

7 other – Specify
 Period

 Dollars Cents

Turn the page and answer the questions about this dwelling

PERSON 3		PERSON 4		PERSON 5		PERSON 6	
Family name		Family name		Family name		Family name	
Given name	Middle initial	Given name	Middle initial	Given name	Middle initial	Given name	Middle initial

<p>1 <input type="radio"/> No Skip to Step 8</p> <p>2 <input type="radio"/> Yes</p>	<p>1 <input type="radio"/> No Skip to Step 8</p> <p>2 <input type="radio"/> Yes</p>	<p>1 <input type="radio"/> No Skip to Step 8</p> <p>2 <input type="radio"/> Yes</p>	<p>1 <input type="radio"/> No Skip to Step 8</p> <p>2 <input type="radio"/> Yes</p>
<p>Dollars Cents</p> <p><input type="text"/> <input type="text"/> per hour</p>	<p>Dollars Cents</p> <p><input type="text"/> <input type="text"/> per hour</p>	<p>Dollars Cents</p> <p><input type="text"/> <input type="text"/> per hour</p>	<p>Dollars Cents</p> <p><input type="text"/> <input type="text"/> per hour</p>
OR			
Check one period and give corresponding amount:			
<p>3 <input type="radio"/> per week</p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>	<p>3 <input type="radio"/> per week</p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>	<p>3 <input type="radio"/> per week</p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>	<p>3 <input type="radio"/> per week</p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>
<p>4 <input type="radio"/> every two weeks</p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>	<p>4 <input type="radio"/> every two weeks</p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>	<p>4 <input type="radio"/> every two weeks</p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>	<p>4 <input type="radio"/> every two weeks</p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>
<p>5 <input type="radio"/> per month</p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>	<p>5 <input type="radio"/> per month</p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>	<p>5 <input type="radio"/> per month</p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>	<p>5 <input type="radio"/> per month</p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>
<p>6 <input type="radio"/> per year</p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>	<p>6 <input type="radio"/> per year</p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>	<p>6 <input type="radio"/> per year</p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>	<p>6 <input type="radio"/> per year</p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>
<p>7 <input type="radio"/> other - Specify</p> <p>Period</p> <p><input type="text"/></p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>	<p>7 <input type="radio"/> other - Specify</p> <p>Period</p> <p><input type="text"/></p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>	<p>7 <input type="radio"/> other - Specify</p> <p>Period</p> <p><input type="text"/></p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>	<p>7 <input type="radio"/> other - Specify</p> <p>Period</p> <p><input type="text"/></p> <p>Dollars Cents</p> <p><input type="text"/> <input type="text"/></p>

Turn the page and answer the questions about this dwelling



STEP 8 - Answer questions 46 to 55 about this dwelling

46. Print the name(s) of the person(s) who pay the rent or mortgage, taxes, electricity, etc., for this dwelling.

A dwelling is a separate set of living quarters with a private entrance from the outside or from a common hallway or stairway inside the building. This entrance should not be through someone else's living quarters.

Note: One of these persons should answer Questions 47 to 55. If no one living here makes such payments,

mark here . . . ? and answer these questions yourself.

Family name

Given name

<input type="text"/>	<input type="checkbox"/>	1
<input type="text"/>	<input type="checkbox"/>	2
<input type="text"/>	<input type="checkbox"/>	3
<input type="text"/>	<input type="checkbox"/>	4
<input type="text"/>	<input type="checkbox"/>	5
<input type="text"/>	<input type="checkbox"/>	6

47. Is this dwelling:

- 8 owned (or being bought) by you or a member of this household?
 9 rented (even if no cash rent is paid)?

48. How many rooms are there in this dwelling?

Include kitchen, bedrooms, finished rooms in attic or basement, etc. Do not count bathrooms, halls, vestibules and rooms used solely for business purposes.

Number of rooms

49. How many bedrooms are there in this dwelling?

Number of bedrooms

50. When was this dwelling originally built?

Mark the period in which the building was completed, not the time of any later remodelling, additions, or conversions. If year is not known, give best estimate.

- | | |
|--|-----------------------------------|
| 1 <input type="radio"/> 1920 or before | 5 <input type="radio"/> 1971-1980 |
| 2 <input type="radio"/> 1921-1945 | 6 <input type="radio"/> 1981-1985 |
| 3 <input type="radio"/> 1946-1960 | 7 <input type="radio"/> 1986-1987 |
| 4 <input type="radio"/> 1961-1970 | 8 <input type="radio"/> 1988 |

51. How long have you lived in this dwelling?

- 1 Less than one year
 2 One to two years
 3 Three to five years
 4 Six to ten years
 5 More than ten years

52. Is this dwelling in need of any repairs?

(Do not include desirable remodelling or additions.)

- 6 Yes, major repairs are needed (defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings, etc.)
 7 Yes, minor repairs are needed (missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.)
 8 No, only regular maintenance is needed (painting, furnace cleaning, etc.)

Answer Questions 53 to 55 for only the dwelling that you now occupy, even if you own or rent more than one dwelling. If the exact amount is not known, please enter best estimate.

Note: If you are a farm operator living on the farm you operate, mark here . . . and skip to Step 9.

53. For this dwelling, what are the yearly payments (last 12 months) for:

- (a) electricity? None Included in rent or other payments OR

Dollars	Cents

 per year
- (b) oil, gas, coal, wood or other fuels? None Included in rent or other payments OR

Dollars	Cents

 per year
- (c) water and other municipal services? None Included in rent or other payments OR

Dollars	Cents

 per year

54. For RENTERS only:

What is the monthly cash rent paid for this dwelling? Rented without payment of cash rent OR

Dollars	Cents

 per month

55. For OWNERS only, answer parts (a) through (f):

- (a) What are the total regular monthly mortgage or loan payments for this dwelling? None Skip to part (c) OR

Dollars	Cents

 per month
- (b) Are the property taxes (municipal and school) included in the amount shown in part (a)? Yes No
- (c) What are the estimated yearly property taxes (municipal and school) for this dwelling? None OR

Dollars	Cents

 per year
- (d) If you were to sell this dwelling now, for how much would you expect to sell it?

Dollars
- (e) Is this dwelling part of a registered condominium? Yes - Continue with part (f) No - Skip to Step 9
- (f) What are the monthly condominium fees? None OR

Dollars	Cents

 per month

STEP 9 - Print the name(s) of the household member(s) who completed this form

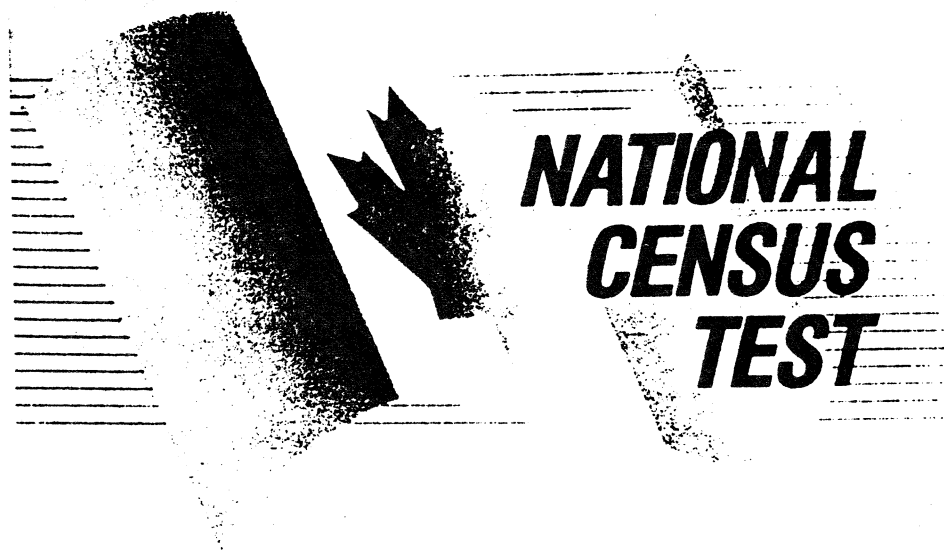
1 PN 2 PN 3 TD 4 FS

STEP 10 - You have now completed your National Census Test Questionnaire.

Please mail it today. Thank you for your co-operation.

If you have any comments concerning the questionnaire, please enter them on the back cover.

부록10 : 1991年 캐나다 센서스 調査要領書



**NATIONAL
CENSUS
TEST**

Count yourself in!

Guide

and reasons why questions are asked.

November 4, 1988

Canada

Count yourself in!

On National Census Test Day
November 4, 1988

*W*hy a National Census Test?

The National Census Test is a test of the questions that may be used on the 1991 Census of Population. Can they be easily understood, accurately completed? Do they successfully gather the data they are designed to collect?

To do this, we want to count everyone at your house on Census Test Day – November 4, 1988.

This Guide will help you fill out your questionnaire. It should provide the answers to any problems that may arise. If not, do not hesitate to call our Telephone Assistance Service. It is available from 9 a.m. to 9 p.m. from Monday, October 31 through Thursday, November 10 (excluding Sunday). The number to dial is listed on the first page of your questionnaire and long-distance calls are free of charge. This Guide will also answer some questions you may have about the National Census Test.

Why we ask the questions.

STEP 1

ADDRESS AND TELEPHONE NUMBER

On the first page, we ask for the address of your household and a telephone number. This information is needed so that our interviewer can contact you in case any information is missing from your questionnaire.

STEPS 2 - 4

One important reason for taking a census is to count the population. These steps are included to ensure that everyone is counted.

In addition to persons who usually live here, we ask you to include any other persons staying in your home overnight between November 3 and 4 – listing your name, those of the people you live with and anyone who may be visiting – to ensure no one is left out.

STEP 5

This step will indicate if your household is involved in agricultural activity. Today, many agricultural operators live off their farms or ranches in towns or cities. Completing this step will enable a count of how often this happens.

Person 1 and the Members of His/Her Household (Question 1)

In a full census, you are asked to provide information for all the household members you listed in Step 1. For this test, you are asked to provide detailed information on only the first six. Providing the names of each of these six persons makes it easier to refer to them if our interviewer needs to contact you to get missing information.

How Old Is Canada's Population? (Question 2)

By collecting information on the age of Canadians, researchers and decision-makers can look to the future needs for health care and housing for seniors, as well as daycare centres and primary schools. When details on age are combined with other census information – such as labour

force or income – industries can plan for changes in the work force, and for developing new products and services.

Men and Women in Canada (Question 3)

By looking at the differences between the sexes, we can develop a better understanding of such issues as how men's and women's incomes compare, the impact of working women on society, the links between lone parents and poverty as well as many others.

Place of Residence (Question 4)

This question accomplishes two major objectives. If you are in your regular residence on November 4, it allows the information collected for you to apply to the correct geographic area – it permits an accurate picture of your neighbourhood, your region, your province.

If you are not at your usual home on November 4, the address you supply is used to ensure you are not missed. In both cases, this personal identification of your address is not recorded in the overall census results.

Although foreign residents of Canada are asked to complete Steps 1 through 4, detailed information is not collected for them. If you are a foreign resident, you do not need to complete any question beyond Question 4.

Family and Household Relationships (Questions 5 to 7)

To understand family groups within a household, all the members are defined by their relationship to a reference person – called Person 1.

These questions examine the changing portrait of the Canadian family – whether it is the traditional grouping of two parents and children, or a picture of lone parents, persons living alone, or living common-law.

Looking at such elements as marital status reveals trends into family formation: the structure of families after separation or divorce; or how seniors live after their families have grown up and left home.

This information is basic to how our society plans for the care of individuals and families. Social programs use these data to determine the needs of the elderly, for example, in providing for old age security allowances. Municipalities and provinces use

the results to forecast housing needs, the demand for health and recreation facilities.

When combined with census information on age, sex, labour force and income, for example, the data collected will reveal the needs for family support services, subsidies for lone parents, housing and assistance for those who need it.

More and more people are choosing to live in common-law unions – one in 12 couples in 1986 – resulting in changes to the way we interpret family law, government policies and economic planning. Question 7 (common-law status) is asked to get a better understanding of this important social trend.

Communicating in Canada – The Languages We Speak and Understand (Questions 8 to 10)

Question 8 shows how many Canadians can speak or understand either English or French, and also how many are fluent in other languages. The information collected is used by business to assess the demand for products and services and helps governments set up language education programs.

Information on the language Canadians speak at home provides valuable insights into the way language use in our country has changed over time. The results measure how various cultural groups retain their languages and the degree to which our official languages are used to communicate in the home.

Data collected on mother tongue are used to set policies and programs for linguistic minorities – as required by the Official Languages Act and the Constitution.

Examining the Canadian Mosaic – Our Cultural Background (Questions 11 to 18)

Canadians come from many ethnic and cultural backgrounds and this set of questions will provide valuable information on the size, location as well as the social and economic characteristics of our multicultural communities.

Local, provincial and federal governments, ethnic and cultural associations and school boards use the information on ethnic groups extensively. These data are used to plan education needs, health services and other social programs for our many ethnic and cultural groups.

Citizenship information is used to plan for elections – when combined with age data, it can reveal the number of potential voters. The information is also used by those who plan citizenship classes and programs.

Questions 15 and 16 separate two important aspects of our cultural identity as Canadians. By asking about the ethnic or cultural roots of our parents and grandparents, as well as how we view ourselves, it will be possible to measure how the connection to an ethnic background can change over generations.

Question 17 separates racial origin from ethnic or cultural background. The information collected supports employment equity programs at all levels of government.

Information on religion is used to trace fundamental changes in Canadian society. It is also used to monitor the provisions of the Canadian Human Rights Act and similar provincial legislation that protect Canadians from discrimination based on their religious beliefs.

Canadians on the Move – Tracking Mobility (Questions 19 to 21)

Tracing the moving patterns of Canadians is essential to understanding population shifts. These data are used by governments at all levels to estimate growth – in order to distribute grant money, plan transportation systems, respond to the demand for serviced land and public facilities.

Looking at the Institution of Marriage – and Parenthood (Questions 22 and 23)

These questions give researchers and policy-makers additional insight into the formation – or breakup – of Canadian families. These data can be combined with other answers to illustrate how age, income or cultural differences affect marriage and family.

Question 22 – when combined with other census information – can be used to study how the number of children relates to economic or cultural differences, or varies with different generations. It also provides a basis for predicting the long-term growth of our population.

Canada's Educational Profile – What Do We Know? (Questions 24 to 29)

Measuring the educational qualifications of Canadians helps our understanding of the make-up of the labour force. The results are used to plan schools and training programs that respond to the changing technological needs of our work force. The results can tell if we have an over- or under-supply of resources in a particular area and can then be used to measure the need for continuing education or re-training programs.

School attendance at all levels provides important insight into the needs of students for financial support and employment programs.

On the Job – Measuring the Work We Do (Questions 30 to 42)

This set of questions collects information on the Canadian labour force. The census is the only source of detailed information on occupation and industry for both large and small geographic areas. This information makes it possible to forecast demand by industries for some occupational groups. The numbers, qualifications and location of human resources – the workers needed for business or industry – can be planned with this information.

Information provided by these questions gives us insight into such employment trends as the growth in part-time work and the importance of self-employment in some industries.

Questions 41 and 42 measure a person's work experience with a present employer and within a broader framework. When combined with other census data, it is possible to explore differences between specific groups in the work force, such as men and women. Information on a person's place of work can be also used to illustrate local and regional commuter patterns and evaluate what transportation networks would be needed to service the demand.

Income Analysis – How Much and How We Earn a Living (Questions 43 to 45)

Why does the census ask about income? Because this information, collected from one in every five Canadian households, provides the most important indicator of the well-being of Canadians: of men and women, young and old, of trades and office workers, artists and scientists and of families and households. No other source – not

even income tax records – can provide this type of information at such a level of family and geographic detail.

Governments use the detailed analysis made possible by the census to develop income support programs, welfare provisions and social services.

But businesses too, use census income data – in marketing products, in locating retail and wholesale sites near the appropriate groups of consumers, and in the development of new products and services.

Statistics Canada does not use personalized income information. The data that is compiled from these questions are used to look at general trends and do not in any way identify individuals.

Canada at Home (Questions 46 to 55)

Shelter is one of the basic necessities of life and these questions are asked in order to evaluate our present conditions and future housing needs. The data that are compiled from these questions are used by municipal planners, provincial housing ministries, developers, and members of the construction and real estate industries.

Specific details, such as period of construction and state of repair are important for evaluating the quality of Canada's housing stock and particularly for identifying the need for neighbourhood improvement programs.

Combining information on the number of bedrooms in houses across Canada, with data on the number of people in households, as well as shelter costs, provides another dimension to measuring the economic situation of Canadian families and, in particular, measures of crowding and quality of life.

A guide to the questions.

STEP 1

Start the questionnaire by reading the instructions. In this step, complete the address or location by printing in the boxes provided and then continue with Step 2.

STEP 2

Remember to List

1. all persons who usually live here, even though they may not have been here overnight between November 3 and 4, 1988; **do not forget to include yourself;**
2. babies even though they are still in a hospital;
3. room-mates, boarders, lodgers, nannies and other live-in employees;
4. other relatives besides the immediate family, if they live here;
5. visitors, that is any person who stayed here overnight between November 3 and 4. They should complete the questionnaire up to and including Question 4;
6. Foreign residents, that is, any person who is not a Canadian citizen or landed immigrant (permanent resident) in Canada. These persons should be listed in Step 2 and should complete the questionnaire up to and including Question 4 and check "Outside Canada".

Special Situations

1. Students – list elementary and secondary students at the parental home;

- list postsecondary students at their usual place of residence.
2. Persons in institutions – list on this questionnaire persons away in an institution for less than six months, for example, persons in a hospital for an operation.
 - Do not list persons away in an institution for six months or more.
 3. If this dwelling is your secondary residence such as a cottage and you have a usual home elsewhere, complete this questionnaire up to and including Question 4.

Order of Listing People in Step 2

1. Start with Person 1 according to the instructions on the questionnaire.
2. Then list persons who usually live here, in the following order.
 - husband or wife (or common-law partner) of Person 1;
 - never-married children or stepchildren of Person 1;
 - other children or stepchildren of Person 1 and their families;
 - other relatives of Person 1 (whether related by blood, marriage, adoption or common-law), and their families;
 - persons not related to Person 1, and their families.
3. Visitors and other persons who do not usually live here are to be listed last.
4. If all persons staying here have a usual residence elsewhere, list them in Step 2 and complete this questionnaire up to and including Question 4.

STEP 3

In the box provided, enter the number of persons who were visiting or staying in this household overnight between November 3 and 4, 1988. If there were none mark the circle. If you have not listed the persons who were visiting or staying overnight between November 3 and 4 in Step 2, please print their names in the spaces provided in Step 2.

STEP 4

If you have doubts deciding whether or not to list a particular person, for example, a child or adult who has another home elsewhere, print the name of the person and the reason for the uncertainty in the spaces provided.

STEP 5

The operator of an agricultural holding is the person responsible for its day-to-day operation. This person could be the owner, a part owner or a hired manager. A holding is considered to be agricultural if it produces any of the following products for sale:

- crops (field crops, vegetables and fruits);
- greenhouse or nursery products (bulbs, cut flowers, shrubs, trees, vines, etc.);
- seed, sod, mushrooms, maple products;
- livestock (cattle, pigs, sheep, horses, goats, etc.);
- poultry (hens, chickens, turkeys, ducks, geese, etc.);
- animal products (dairy products, eggs, wool, furs, honey, beeswax, etc.).

Question 1

Enter the names of the first six persons you have listed in Step 2

in the spaces provided across the top of the questionnaire. **Please ensure that you copy the names in the same order as they are listed in Step 2.**

Question 2

Print the day, month and year of birth for each person listed in Question 1. If you are unsure of the date of birth enter your best estimate.

Question 3

Mark the appropriate circle.

Question 4

1. Usual place or residence means the place you live most of the time, i.e. spend the largest part of the year. Persons with more than one residence, such as students, persons who live somewhere else while working, persons with a vacation home should report their principal residence.
2. Persons without a fixed address should check "No usual home" and complete the questionnaire.
3. Foreign residents, that is, any person who is not a Canadian citizen or landed immigrant (permanent resident) in Canada should check "Outside Canada"
Foreign residents include:
 - (a) government representatives of another country attached to the embassy, high commission or other diplomatic body of that country in Canada;
 - (b) members of the Armed Forces of another country who are stationed in Canada;
 - (c) persons in Canada on student visas (student authorizations);
 - (d) persons in Canada on work permits (employment authorization);

(e) tourists or other persons visiting Canada;

(f) refugee claimants.

Note: Do not confuse foreign residents with persons who have Canadian Landed Immigrant Status. Persons resident in Canada with Canadian Landed Immigrant Status are to be considered as usual residents of Canada.

Remember that you should complete all the remaining applicable questions for the persons listed in Question 1 who:

- are usual residents or persons who have no usual home elsewhere.

Remember that you need only complete up to Question 4 for:

- persons whose usual residence is outside Canada or persons who live elsewhere in Canada.

Question 5

In Step 2 on the questionnaire, you have already identified Person 1. The person chosen should be the husband, the wife or any partner in a common-law couple living here. If none of these persons live in this household, then any lone parent should be Person 1. If there is no husband, wife, common-law partner or lone parent residing here, any adult should be Person 1.

All other members of the household will have their relationship to Person 1 defined by you and in this way, family groups within the household can be identified.

For example, if John Smith lives with his father Tom Smith, and Tom has been entered as Person 1, John would mark **Son or daughter of Person 1**.

There may be someone in your household whose relationship to Person 1 is not identified in Question 5. In these cases, mark **Other relative** or **Other non-relative**, and print the exact relationship to Person 1 in the space provided.

Other relative may include persons such as: uncles, aunts, cousins, grandparents and other people related by blood, marriage, adoption or common-law.

Other non relatives are household members who are NOT related to Person 1 – such as employee's wife, room-mate's son, landlord, and so on.

Common-law refers to two persons living together as husband and wife, without being legally married to each other. This term can be used to describe a relationship to Person 1, as well as other relationships within the household – lodger's common-law partner, for example.

List stepchildren, adopted children and children of a common-law partner as **sons and daughters**. Foster children, wards and guardianship children not related by blood, marriage, adoption or common-law union should be reported as **lodgers**.

Question 6

Legal Marital Status

Mark **Legally married (and not separated)** if you have a husband or wife who is now living, even if you are temporarily apart due to work or illness.

If you are separated from your spouse due to marriage breakdown or desertion, or because you no longer want to live together, mark **Legally married and separated**, provided that no divorce has yet been obtained.

Mark **Divorced** if you have obtained a legal divorce, but have not remarried.

If you are in a common-law relationship – determine which of the above categories best describes your legal marital status and mark the appropriate box.

Question 7

Common-law Status

Common-law refers to two persons living together as husband and wife, without being legally married to each other.

Question 8

Language Abilities

Report those languages that you can speak. Do not report a language learned at school unless you can speak it.

For infant members of the household, report the language(s) they are learning to speak. Do not leave the space blank.

If you are deaf or mute, report the language(s) you understand when people communicate with you.

Persons who can speak an Indian language (from India or surrounding countries) should report the specific language that applies – such as **Punjabi, Hindi, Urdu, Tamil** – and not Indian.

Similarly, those persons who can speak a North American Indian language should also indicate a specific language – such as **Cree, Ojibway** – and not Indian.

Question 9

Home Language

If more than one language is spoken in your home, only report the language you **yourself** actually **use most often**. If you speak two languages equally often – report both.

For infant members of the household, report the language they are learning to speak at home. Do not leave the space blank.

If you live alone, report the language in which you communicate most comfortably.

If you are deaf or mute, report the language you understand when people communicate with you at home.

Persons who speak an Indian language at home (from India or surrounding countries) should report the specific language that applies – such as **Punjabi, Hindi, Urdu, Tamil** – and not Indian.

Similarly, those persons who speak a North American Indian language should indicate the specific language – such as **Cree, Ojibway** – and not Indian.

Question 10

Mother Tongue

If more than one language was spoken at home, in your childhood, only report the language you **yourself** spoke most often. If you spoke two languages equally often – report both.

For infant members of the household, report the language they are learning to speak at home. Do not leave the space blank.

Persons who spoke an Indian language in childhood (from India or surrounding countries) should report the specific language that applies – such as **Punjabi, Hindi, Urdu, Tamil** – and not Indian.

Similarly, those persons who spoke a North American Indian language should indicate the specific language – such as **Cree, Ojibway** – and not Indian.

Question 11

Place of Birth

If you were born in a part of Northern Canada that has become a province of Canada since your birth, report your place of birth according to the present provincial boundaries.

If you were born in Newfoundland or Labrador before that province joined Confederation in 1949, mark **Nfld.** as your place of birth.

If you were born in any of the six counties of Northern Ireland, mark **United Kingdom**; persons born in the other counties of the Republic of Ireland should print **Eire** in the space provided.

If you are not sure of the country of your birth because of political or boundary changes since you were born, print the name of the nearest city or district in the space provided.

Question 12

Citizenship

Mark **Canada, by birth** if you were:

- (a) born in Canada (see exception below);
- (b) born outside Canada, on or after **February 15, 1977**, if at the time of your birth one or both of your parents were Canadian citizens;
- (c) born outside Canada, before **February 15, 1977**, if at the time of your birth both parents were Canadian citizens, and if you have not lost your Canadian citizenship;
- (d) born outside Canada of one Canadian parent, if your birth was registered with Canadian authorities, and if you have not lost this citizenship.

DO NOT MARK Canada, by birth if born in Canada and at the time of your birth one of your parents was:

- (a) in the service of a foreign government, or
- (b) an employee of a person in (a), or
- (c) in the service of an international organization to whom there is granted diplomatic privileges,

AND NEITHER parent was a Canadian citizen or permanent resident (landed immigrant).

Persons who have become Canadian citizens by naturalization would normally have received citizenship certificates from the Canadian government.

If you have **dual citizenship**, mark all that apply to you – for example, **Canada, by naturalization** and country of birth (other than Canada).

If you were born outside Canada and are not a Canadian citizen, mark **Same as country of birth (other than Canada)**, if you still retain this citizenship. Otherwise, mark **Other country**.

If you have lost your citizenship, and if you have not yet obtained a Canadian citizenship, or if you have no citizenship for any other reason – mark **Other country**.

Question 13

Year of Immigration

If you responded **Canada, by birth** to Question 12, you will not have to answer this question.

If you have immigrated to Canada more than once, print the year that you **first** immigrated.

Question 14

Parents' Place of Birth

If your parents were born in Newfoundland or Labrador before that province joined Confederation in 1949, mark **In Canada** as their place of birth.

If your parents were born in any of the six counties of Northern Ireland, mark **Outside Canada** and print **United Kingdom**; if your parents were born in the counties of the Republic of Ireland, mark **Outside Canada** and print **Eire** in the spaces provided.

If you are not sure of the country of your parents' birth because of political or boundary changes since they were born, mark **Outside Canada** and print the name of the nearest city or district in the spaces provided.

Question 15

Ethnic Ancestry

Ethnic or cultural origin refers to your ethnic "roots" or ancestral background, and should not be confused with citizenship or nationality. Canadians have many ethnic or cultural origins – such as Inuit, North American Indian, Métis, Irish, Scottish, French, Ukrainian, Chinese and Japanese.

If you are using language as a guide to your ancestors' cultural origin, report the specific ethnic group to which your ancestors belong rather than the language – for example, mark Haitian rather than French, or Austrian rather than German.

If your ancestors are North American Indians, Métis or Inuit, print their Indian band, First Nation affiliation or Tribe.

Persons of South Asian origin should **not** write in Indian. Please print Indian from India, Indian from Fiji, Indian from Guyana, etc., or print group such as Punjabi, Tamil, Pakistani.

Question 16

Ethnic or Cultural Identity

Ethnic or cultural identity refers to the primary or central ethnic or cultural group to which you belong and should not be confused with your citizenship or nationality. Canadians have many ethnic or cultural backgrounds – such as Inuit, North American Indian, Métis, Irish, Scottish, French, Ukrainian, Chinese or Japanese.

If you have a mixed ethnic or cultural background, you may not have an equal knowledge about or feel an equal sense of belonging to all the ethnic groups of your ancestors. Mark or specify the group or groups with which you have the strongest association or identification.

If your background is North American Indian, Métis or Inuit, mark your Indian band, First Nation affiliation or Tribe.

Persons of South Asian origin should **not** write in Indian. Please print Indian from India, Indian from Fiji, Indian from Guyana, etc., or print group such as Punjabi, Tamil, Pakistani.

Question 17

Race or Colour

Ethnic origin, place of birth, or nationality should not be confused with a person's race or colour. Mark the group that best applies to you. If you are of mixed race, specify all those groups that would apply to you.

Question 18

Religion

Mark a specific denomination or religion, even if you are not currently a practising member of that group. If there are infants or children in your household, indicate the denomination or religion in which you intend to raise them.

If you are a member of a specific group within a larger religion, specify the particular name or term for your group in the space provided.

If you have no connection or affiliation with any religious group or denomination, mark **No religion**. However, you should specify **atheist** or **agnostic** if these forms of belief apply to you.

Question 19

Mobility

Give the information for your usual place of residence one year ago, even if you were not at home on November 4, 1987. Mark only one of the three circles.

Territory refers to the Northwest or Yukon Territories.

If you were living outside Canada on November 4, 1987, print the name of the country, based on present international boundaries.

Question 20

Mobility

Give the information for your usual place of residence five years ago, even if you were not at home on November 4, 1983.

Question 21

Interprovincial Mobility

Give the information for your usual place of residence five years ago, even if you were not at home on November 4, 1983. Mark only one of the three circles.

If you were living outside Canada on November 4, 1983, print the name of the country, based on present international boundaries.

If you marked **Different city, town, village, township, municipality or Indian reserve in Canada**, be sure to specify the **name of your place of residence** five years ago, as well as the **county** (or regional municipality or district) and **province or territory** in which it is located.

If you lived in an area where the same name is used for both the city, town or village as well as the parish, township or municipality, indicate which is correct – for example, St. Andrew's **town** or St. Andrew's **parish**; Granby **city** or Granby **municipality**.

Question 22

Fertility

Only women aged 15 years and over should answer this question.

Indicate only the children actually born to you; do not include stillbirths. Do **not** include your stepchildren, foster children or children you have adopted.

Question 23

Nuptiality

In general, the term **marriage** in this question refers to legal marriage.

However, for statistical purposes, an exception is made in the case of a person who has never legally married but is **currently** living in a common-law relationship. If this applies to you, enter the date and year in which your current relationship was established.

If you have never legally married, and once lived in a common-law relationship that has since dissolved, do not make any entry for this question.

Question 24

Elementary and Secondary Education

Mark the highest grade or level you attended according to the province where you attended school. If you now live in a province where the educational systems are different, do not attempt to convert to the system of the province in which you now reside.

However, if you obtained your education outside Canada, estimate the equivalent level of schooling according to the educational system in the province you now live.

If you studied in the classical colleges of Quebec, you can equate **Versification** with Grade 11.

If you are currently completing a regular school grade by private instruction or correspondence, or if

you are attending school part time during the day or evening, indicate the equivalent grade in the regular daytime program.

If you attended special education classes, or an institution where classes are ungraded, estimate as closely as possible the equivalent level in the mainstream school system of your province.

If you are taking classes at various levels, indicate the level of the majority of your classes.

Question 25

University Education

Indicate the number of academic years you successfully completed, regardless of the length of time it may have taken. If you attended a university on the semester system, two semesters with a normal course load can be considered the equivalent of one academic year.

If you received university training by correspondence, or attended classes part time during the day or evening, your accumulated credits should be converted to the equivalent number of years in a full-time regular program.

If you studied in the classical colleges of Quebec, **Belles-Lettres** and **Rhétorique** should not be included with university education, but **Philo I** and **Philo II** are considered first and second year equivalents to university, respectively.

If you received teacher training at a faculty of education associated with an accredited university, indicate this as university education. Otherwise, this type of training should be included in Question 26.

Question 26

Other Postsecondary Education

Include schooling in all institutions other than university, secondary or

elementary schools – including non-university teachers' colleges, or police colleges – whether or not you required a high school diploma for entrance.

Do not include any courses you may have taken for leisure, recreation or personal interest.

Indicate the number of academic years you successfully completed, regardless of the length of time it may have taken. If you received non-university training by correspondence, or attended classes part time during the day or evening, your accumulated credits should be converted to the equivalent number of years in a full-time regular program.

CEGEP (general) or pre-university courses and CEGEP (professional) or career-terminal technical-vocational courses are postsecondary programs in the province of Quebec, similar to community college programs in other provinces. If you studied in the classical colleges of Quebec, **Belles-Lettres** and **Rhétorique** are considered first and second year equivalents to other non-university training, respectively.

Question 27

Current School Attendance

If you have been enrolled in school at any time since September 1988, even if you were registered but subsequently dropped out, attendance should be reported. This would apply if you were enrolled in any educational institution, including seminaries, schools of nursing, private business schools, technical institutes or colleges, private or public trade schools, vocational schools or schools for the blind or deaf that provide a general education.

Do not include any courses you may have taken for leisure, recreation or personal interest.

Question 28

Degrees, Certificates or Diplomas

Mark **Secondary (high) school graduation certificate** if you graduated from high school, and whether your certificate was classified as either junior or senior matriculation, general or honours, or technical-commercial.

Mark **Trades certificate or diploma** if you received a certificate or diploma through apprenticeship or journeyman training and/or in-school training, trades-level vocational and pre-vocational courses at community colleges, institutes of technology and similar institutions where the minimal entrance requirement was less than secondary (high) school, junior or senior matriculation, or equivalent.

Mark **Other non-university certificate or diploma** if you received a certificate or diploma (other than a trade certificate or diploma) granted by a community college (both transfer and semi-professional career programs), CEGEP (both general or professional), institute of technology, or any other non-degree-granting educational institution.

Mark **University certificate or diploma below bachelor level** if you have a teaching certificate awarded by a provincial Department of Education at an approved institution such as normal school or college of education. If you earned your teaching qualifications at an accredited university's faculty of education, mark **Bachelor degree(s)**.

If you have a diploma, certificate or license awarded by a professional association such as accounting, banking, or insurance and your course of study was conducted through a university, you should mark **University certificate or diploma below bachelor level** if a bachelor degree was NOT a

prerequisite – or, mark **University certificate or diploma above bachelor level** if a bachelor degree WAS a normal prerequisite.

Question 29

Major Field of Study

If you earned more than one highest degree (two bachelor's degrees or two master's degrees), indicate the field of study for the one most recently earned.

If you specialized in more than one field of study while earning your degrees, indicate the area in which you have the greatest number of earned credits or courses.

Wherever possible, indicate the subfield of specialization within your broad area of training – especially in the case of graduate studies or other advanced training.

Question 30

Current Employment

You are considered currently employed during the week of October 30 to November 5, if you:

- (a) did any work at all (see definition of WORK below) EXCLUDING volunteer work, housework or other maintenance around the home;
- (b) were absent from your job because of temporary illness, or disability, vacation, labour dispute, maternity leave, paid training course, or other similar reason.

For this question and those that follow, WORK is defined as:

- (i) working for wages, salaries, tips or commissions; working for payment in kind (room, board or supplies) in non-family enterprises such as a religious order; serving as a member of the Armed Forces; and work for pay, such as baby-sitting, cleaning, or newspaper delivery.
- (ii) working in your own business, farm or professional practice –

alone or in a partnership. Include time spent in the operation and setting up of such enterprises whether or not the goods were sold or services provided and whether or not a profit was made; free-lance or contract work such as dressmaking, private duty nursing; operating a direct distributorship selling and delivering goods; fishing or trapping for profit or the maintenance of your family or community.

- (iii) working without pay in a family farm or a business owned and operated by a relative who is a member of your household (for example, assisting in seeding, doing accounts).

If you were on **temporary lay-off** or are **scheduled to start work** at a new job, do not indicate that you are currently employed.

Question 31

Last Date of Work

This question concerns only work done in order to obtain financial compensation, that is, work for wages, salaries, tips, commissions or piece-rate payment, or the net income from self-employment. (It also includes work done, without formal pay arrangements, by family members for family businesses, farms or professional practices.) It therefore excludes volunteer activities, housework, and the things that people do for themselves such as home maintenance.

Question 32

Employer

If you are self-employed, enter the name of your business. If your business does not have a name, enter your name.

If your wages are paid by an agency which hires out your services, enter the name of the agency.

If you work as an employee in a private household, enter the name of the family for whom you work and write in **private household**.

Question 33

Type of Business, Industry or Service

Provide as much detail as possible to accurately describe the type of work in which you are engaged.

For example, rather than: **a more complete response would be:**

agriculture	wheat farm, or grain elevator operator
auto parts	motor vehicle parts manufacturing
furniture	household furniture retail sales, or household furniture upholstery
school	elementary school
police	municipal police department, or provincial crime laboratories

Question 34

Place of Work

Indicate the regular places of work for all household members who are working, even if they are away from work temporarily on assignment, training or holidays.

If you marked **Worked at the address specified below**, give as complete an address as possible. If you worked in an area where the same name is used for both the city, town or village as well as the parish, township or municipality, indicate which is correct – for example, St. Andrew's **town** or St. Andrew's **parish**; Granby **city** or Granby **municipality**.

Mark **Worked at home** if your place of work was in the same building or residence as where you live. This may include dressmakers, apartment building superintendents, business owners who live above their store.

If you work in a different job site or location every day, or you travel as part of your job, indicate:

- (a) the address or name of your headquarters or depot, if you report there before starting work each day – or;
- (b) the address or building name if you work part of the time at a fixed address – or;
- (c) **no usual place** in the space for address if you go directly from your home to various work locations.

Questions 35 and 36

Type of Work

Your description should be as precise as possible and you may need to use two or more words in each part of the question. Rather than using the terms **employee** or **worker**, use specific descriptions of the kind of work you do, indicating supervisory or management responsibilities if they apply.

For example, rather than: **a more complete response would be:**

maintenance	maintaining electrical equipment or
repair work	repair and maintenance of electrical motors
office work	typing, general office work or
clerical	typing and filing

inspecting inspecting electronic equipment or

supervising supervising electronic equipment inspection

If you are a member of a religious order engaged in teaching or nursing for example, report these secular activities rather than religious activities.

Question 37

Employment Status

Mark **Working for wages, salary, tips or commission** if, in the job you reported, you worked:

- for wages and/or salaries;
- for tips;
- on commission as a salesperson for only one company and did not maintain an office or staff;
- for payment in kind, that is for room and board, or supplies in non-family enterprises such as service as a member of a religious order;
- for piece-rates;
- as a member of the Armed Forces;
- an hour or more for pay, in a job such as baby-sitting, cleaning, or newspaper delivery;
- as a "paid" housekeeper or nanny.

Mark **Working without pay for their spouse or another relative in a family farm or business** if, in the job you reported, you worked without money or wages for a spouse or relative who is a member of your household at a task which contributed to the operation of the spouse's or relative's farm or business.

Mark **Self-employed without paid help** or **Self-employed with paid help** if, in the job you reported, you:

- operated your own business, farm or professional practice – alone or in a partnership – even if no goods or services were sold or rendered;
- operated your own business, farm or professional practice – alone or in a partnership – whether it made a profit or suffered a loss;
- operated a farm, whether or not you owned or rented the land;
- worked on a free-lance or contract basis;
- provided meals and/or room or day care services in your own home for boarders, roomers or neighbours' children;
- operated a direct distributorship selling and delivering products such as cosmetics, soap products, houseware, etc.;
- fished, trapped or hunted for profit or for the maintenance of a community, with your own equipment or with equipment in which you had part ownership;
- were setting up a business, farm or professional practice.

Question 38

Self-employment

If you previously indicated you were self-employed, specify whether or not your business is incorporated.

Question 39

Work History

For this question, **years of work** include any years in which you:

- worked any portion of the year, either full or part time, after you stopped going to school full time;
- worked before returning to full-time studies, if you worked for more than a year before returning to school.

Do not include as years of work those years in which you:

- were a full-time student and had periods of summer employment;
- were employed through school co-op programs if you returned to full-time studies at the end of the work period;
- worked part time while going to school full time.

Question 40

Start Date of Current Job

If you are self-employed, give the date when you became self-employed in your current or most recent type of business or activity.

If you are not currently employed but have worked since January 1, 1987, give the date at which you started to work with your last employer.

If you are currently employed, give the date when you began to work with your present company, organization or association.

If you have or had more than one job, answer for the job at which you worked the most hours.

If you had a work interruption for training, maternity or other reasons, report a return-to-work date **only** if you resigned from your job before leaving.

Question 41

Weeks of Work

Count as a week any week in which you worked, even if you worked only a few hours.

Enter 52 weeks if you were paid for the full year or if you operated a farm, business or professional practice for the full year, even though you worked less than a full year (for example, a school teacher paid on a 12-month basis).

Include weeks on paid vacation but exclude weeks on leave without pay.

Question 42

Part-time and Full-time Work

If you worked 30 hours or more per week, mark full time on the questionnaire. If you worked less than 30 hours per week, mark part time on the questionnaire.

Question 43

Total Income

Information on your **census questionnaire is strictly confidential by law** and no individual, government department or agency outside of Statistics Canada has access to it. The Statistics Act prohibits Statistics Canada from disclosing any information that can be related to any individual person or company.

Answer every part of this question whether you were working or not. Income reported should be the total money income received during the calendar year 1987. If you had no income from any of the listed sources, mark "No". In the case of a loss, report the amount and also mark "Loss".

If you are not sure of an answer, consult the relevant documents such as income tax returns. Otherwise, make your best estimate.

If you received income from abroad, report it in Canadian dollars. However, if you immigrated to Canada after January 1, 1987, do not report income received before your arrival in Canada.

Do not report either the family allowances received from the Federal and Provincial Governments or the child tax credits. These allowances and credits will be estimated for each family from the number of children shown on this questionnaire.

Also excluded from income are gambling gains and losses, lottery prizes, money inherited during the

year in a lump sum, capital gains or losses, receipts from the sale of property, income tax refunds, loan payments received, lump-sum settlements of insurance policies, rebates received on property taxes and refunds of pension contributions.

Part (a): Total Wages and Salaries. Report total wages and salaries from all jobs before deductions for income tax, pensions, hospital insurance, etc. (Do not report take-home pay).

Include military pay and allowances.

Include tips and cash bonuses received during 1987. Also include all types of casual earnings whether or not T4 slips for income tax have been issued.

Commissions should also be included. However, salespersons who worked for more than one company, or who maintained their own office or staff, should report in "non-farm self-employment", part (b). Also, if you baby-sit in your own home or if you are a newspaper delivery person, report your income in part (b).

Do not include the value of taxable allowances and benefits provided by employers, such as free lodging, free automobile use, bursaries, travelling expenses of a spouse, contributions towards medical insurance, etc.

If consulting T4 slips to answer this question, report employment income before deductions, shown in Box C, less the value of taxable allowances and benefits, shown in Boxes K to O.

If you own an unincorporated business or farm, you should report all the income from that business or farm as self-employment in part (b) or (c).

Part (b): Net Non-farm Self-employment Income. Report an amount if you owned and operated a non-farm, unincorporated business or professional practice during 1987, whether by yourself or in partnership. In the case of a partnership, report only your share

of the net income. Receipts from incorporated businesses should be reported in "wages" and/or "investment income".

Report net income (gross receipts minus expenses of operation such as wages, rents, depreciation, etc.). Do not subtract personal deductions such as income tax and pensions.

If you baby-sit in your own home, operate a direct distributorship such as selling and delivering cosmetics, newspapers, etc., or if you obtained contracts or agreements to do odd jobs, report your income in this part.

If you are an artist, a writer, a music teacher, a hairdresser, a dressmaker, etc., report your net income from free-lance activities.

In the case of a loss, report the amount and also mark "Loss".

Part (c): Net Farm Self-employment Income. Report an amount only if you operated a farm in 1987 by yourself or in partnership. In case of a partnership, report only your share of net income.

Report your net income (gross receipts from farm sales minus depreciation and cost of operation). Cash advances should be included in gross receipts for the year in which they are received. Include also government supplementary payments. Exclude the value of income "in kind", such as agricultural products produced and consumed on the farm.

Answer the question even if you employed a manager to run your farm and deduct the manager's salary as expenses. If you rent out your farm, report the net rent in "investment income", part (h). Similarly, income from incorporated farms should be reported in "wages" and/or "investment income". In the case of a loss, report the amount and also mark "Loss".

Agricultural operations include production of field crops, vegetables, fruits, greenhouse and nursery products and seeds, maple

products, poultry and livestock, animal products such as eggs, milk and wool, and fur farming and beekeeping.

Part (d): Old Age Security Pension and Guaranteed Income Supplement. Report old age pension and guaranteed income supplement (for persons 65 years and over) received from the federal government only. If you are a 60 to 64-year-old spouse/widow(er) of an Old Age Security Pension recipient, report here any Spouse's Allowance received from the federal government.

Report provincial income supplements in part (g). Report retirement pensions of civil servants, RCMP and military personnel in part (i). Report old age, retirement and war pensions and other similar payments received from foreign governments in 1987 in part (j).

Part (e): Benefits from Canada or Quebec Pension Plan. Report benefits received under the Canada or Quebec Pension Plan (such as retirement pensions, survivors' benefits and disability pensions).

Do not report lump-sum death benefits.

Do not report your contributions to the plan, but rather the benefits from it.

Report in part (i) retirement pensions of civil servants, RCMP and military personnel.

Part (f): Benefits from Unemployment Insurance. Report total unemployment insurance benefits, before income tax deductions. Include benefits for sickness, maternity, fishing, work sharing, retraining and retirement received under the Federal Unemployment Insurance program. If you consult your T4U slips to answer this question, report "total benefits" from Box B of your slips.

Part (g): Other Income from Government Sources Including Provincial Income Supplements and Grants and Social Assistance. Report payments received from provincial or

municipal programs for people in need, including mothers/fathers with dependent children, persons temporarily or permanently unable to work, elderly individuals and disabled individuals. Include cash benefits covering basic needs such as food, fuel, shelter and clothing, plus cash benefits for special needs.

Include provincial income supplements such as payments to seniors to supplement Old Age Security and Guaranteed Income Supplements.

Include provincial payments to seniors to help offset accommodation costs.

Include here all other transfer payments such as **workers' compensation**, veterans' pensions, war veterans' allowance, pensions to widows and dependants of veterans, or benefits under the Canadian Jobs Strategy.

Include provincial tax credits and allowances such as "Prince Edward Island Tax Credits", "Nova Scotia Tax Credits", "New Brunswick Tax Credits", "Quebec Real Estate Tax Refund" and "Allowances for Children Under Age 6", "Ontario Tax Credits", "Manitoba Tax Credits", "Alberta Royalty Tax Credits", "Alberta Stock Savings Plan Tax Credits" and "Alberta Tax Credits", and "British Columbia Tax Credits" as claimed on your income tax return.

Do not include family allowances and federal child tax credits.

Report in part (i) retirement pensions to career military personnel, civil servants, etc.

Part (h): Dividends and Interest on Bonds, Deposits and Savings Certificates, and Other Investment Income. Report actual amount of dividends received, not the taxable amount for dividends received from Canadian corporate stocks.

Also report here dividends received from foreign stocks.

Report interest from deposits in banks, trust companies, co-

operatives, credit unions, caisses populaires, as well as interest on savings certificates, bonds and debentures.

Also report here net rents from real estate (including farm land), mortgage and loan interest received, regular income from an estate or trust fund, and interest from insurance policies.

Also include investment income received from abroad.

If this total is a loss, write the amount and mark "Loss".

Part (i): Retirement Pensions, Superannuation and Annuities.

Report income received as the result of having been a member of a pension plan of one or more employers; payments received from all annuities, including payments from a matured registered retirement savings plan (RRSP) in the form of a life annuity, a fixed term annuity, a registered retirement income fund or an income-averaging annuity contract; pensions paid to widows or other relatives of deceased pensioners; pensions of retired civil servants, Armed Forces personnel and RCMP officers; annuity payments received from the Canadian Government Annuities Fund, or an insurance company.

Do not include lump-sum death benefits, lump-sum benefits and withdrawals from a pension plan or RRSP or refunds of overcontributions. Enter in part (j) severance pay and retirement allowances and pensions from outside Canada.

Part (j): Other Money Income.

Include here all other regular cash income not covered in the questions above.

Examples are:

- alimony
- child support
- periodic support from persons not in the household
- net income from roomers and boarders

- income from abroad (e.g., pensions) except dividends and interest which should go into part (h)
- non-refundable scholarships and bursaries
- severance pay
- royalties
- strike pay

Do not include:

- family allowances and federal child tax credits
- cash refund of pension fund contributions
- lump-sum death benefits or any other one time lump-sum payment

Question 44

Currently Work for a Wage

Answer "Yes" to **currently working for a wage or salary** if in your job you are:

- working for wages and/or salaries
- working for piece-rates
- serving as a member of the Armed Forces
- working on commission as a salesperson for only one company and you do not maintain an office or staff
- working as a paid housekeeper or paid nanny

Salespersons who are working for more than one company, or who maintain their own office or staff are considered self-employed and should answer "No".

Question 45

Hourly Wages

In Question 45, **usual hourly wage before taxes and other deductions** refers to gross hourly

wage before any deductions for income tax, hospital insurance, pension funds, unemployment insurance, Canada Savings Bonds, etc.

If you cannot answer the question on hourly wage rate, mark one of the other pay period categories (per week, every two weeks, per month or other) and report your gross wage or salary for that period as precisely as possible. You may wish to refer to your pay stub to obtain an accurate amount. Remember to report your **gross pay** against the applicable period.

If you indicate "other" pay period, specify (such as per day, per job, on commission) and record the amount involved.

Question 46

Household Maintainer

If more than one person is responsible for making these payments, enter the name of the person who usually pays the largest amount first, followed by the name(s) of the other person(s) who also make such payments. If two or more persons contribute equally, list their names in the order in which they were listed in Step 2 of the questionnaire.

Question 47

Tenure

Mark "owned" if you own or are buying the dwelling that you occupy, or if a member of your household owns or is buying the dwelling. Mark "owned" even if the dwelling is situated on rented or leased land, or if it is part of a condominium (registered or unregistered). For census purposes, a condominium is a multi-unit residential complex in which dwellings are owned individually while land is held in joint ownership with others.

Mark "rented" in all other cases, even if the dwelling you occupy is provided without cash rent or at a reduced rent (such as the residence of a member of the clergy, a superintendent's dwelling in an apartment building). Also mark "rented" if your dwelling is part of a co-operative. For census purposes, a co-operative is jointly owned by all members who occupy their dwelling units under a lease agreement.

Question 48

Number of Rooms in Dwelling

Do not enter "half-rooms"; for example, instead of 1 1/2 enter either 1 or 2, depending on which best describes your dwelling.

Include as **separate rooms**, partially divided rooms which you consider to be separate because of fixed or movable partitions or because of the use (such as "L-shaped" living- and dining-rooms).

Question 49

Number of Bedrooms

Include all rooms designed and furnished as bedrooms and used **mainly** for sleeping purposes, even though the use may be occasional, as in the case of a "spare" bedroom.

Do not include rooms used for one purpose during the day and for bedrooms at night (such as a dining-room during the day and a bedroom during the night).

Mark "None" if the dwelling has no rooms used primarily for sleeping purposes.

Mark "None" for one-room dwellings, sometimes called bachelor apartments.

Question 50

Period of Construction

For older structures, it is only necessary to know whether they were constructed in 1920 or before. Recalling how old the building was when you moved in may help to estimate its age. In large apartment blocks, the manager, owner or superintendent may know the building's age.

If a single house was constructed in 1925 and remodelled in 1947, for example, "1921-1945" should be marked, not "1946-1960". Similarly, in the case of an apartment building where some units were added later, the date for **all** units would be the earlier one.

Question 51

Length of Occupancy

Except for **less than one year**, report only full years. For example, report 2 1/2 years by marking the circle "One to two years".

Question 52

Need for Repairs

Regular maintenance includes only those activities that must be performed on an ongoing basis to prevent the house from deteriorating. Some examples of regular maintenance are painting, furnace cleaning, electrical fuse replacement, and oiling hinges.

Repairs needed (minor or major), indicate that some part of the dwelling is damaged, defective or not operating properly. Minor repairs include replacing missing or loose floor tiles, bricks or shingles, repairing broken windows and waterproofing bath-tubs.

Some examples of major repairs are structural repairs to walls, floors or ceilings, installing a new roof, and replacing deteriorated external siding.

If a dwelling is in need of both minor and major repairs, only the "Yes" category for major repairs should be marked, not both circles.

Question 53

(Parts (a) to (c))

Annual Electricity, Fuel and Water Payments

If you have occupied this dwelling for less than a year, estimate and report the yearly amount based on your payments up to this date or on other available information.

Condominium Owners – If electricity or other service charges are included in the condominium fee, mark "Included in rent or other payments".

Part (b) – If uncertain of the total annual cost of fuel, multiply the amount consumed (such as litres of oil, containers of propane gas, cords of wood or tons of coal) by the per unit price.

Question 54

Cash Rent

Enter the total rent paid by all household members for the dwelling you now occupy. Include parking fees paid with rent, if any.

Question 55

(Parts (a) to (f))

Owner's Major Payments

Part (a) – Mortgage payments are sometimes made in other than monthly instalments. In this case, to obtain the average monthly amount paid, add all payments made in the last 12 months and divide the total by 12.

Part (b) – If your regular monthly mortgage payments, shown in part (a), include municipal property taxes, but exclude school taxes, check "No" in part (b) and enter in part (c) the amount of annual school taxes paid directly by you to school tax collectors.

Part (c) – Include local improvement taxes with property taxes, even if billed separately.

Part (d) – For single dwellings, state the value of the entire property, including the value of the land it is on and of any other structure, such as a garage, which is on the property.

– If your dwelling is located in a building which contains several dwellings, or a combination of residential and business premises, all of which you or other members of your household own, estimate and report the portion of the market value that applies only to the dwelling in which you reside. Alternatively, you may estimate the value of your dwelling by multiplying by 100 the amount of rent per month which you could obtain for that one dwelling.

Part (e) – For census purposes, a condominium is a multi-unit residential complex in which dwellings are owned individually while land is held in joint ownership with others. Dwellings in such complexes which are in the process of obtaining registration should be included as registered condominiums.

Part (f) – Condominium fee payments are sometimes made in other than monthly instalments. In this case, to obtain the average monthly amount paid, add all payments made in the last 12 months and divide the total by 12.

부록11 : 美國의 主要人口指標

美國的主要人口指標

指 標	單 位	1950	1986
總人口	千名	150,697	241,096
黑人比率	%	10.0	12.2
粗出生率	人口 千名當	24.3	15.1
粗死亡率	"	9.5	8.8
2500g 出生兒 比率	%	7.9(70)	6.8(84-86)
人工流產比率	出生兒 千名當	-	34.4(85)
避妊 實踐率	15-49歲 既婚 婦人中	-	65.6(85)
0 歲 期待壽命 計	歲	70.9(70)	74.8
男	歲	61.1(70)	71.3
女	歲	74.8(70)	78.3
영아 死亡率	出生兒 千名當	29.2	10.4
GNP중 保健支出比率	%	7.4(70)	10.9
消費者物價指數	%	6.7(70-75)	3.7(86-87)
平均結婚年齡 男	歲	22.6	25.9(88)
女	歲	20.2	23.6(88)
離婚 經驗率	結婚한 人口 千名當	35	133(88)

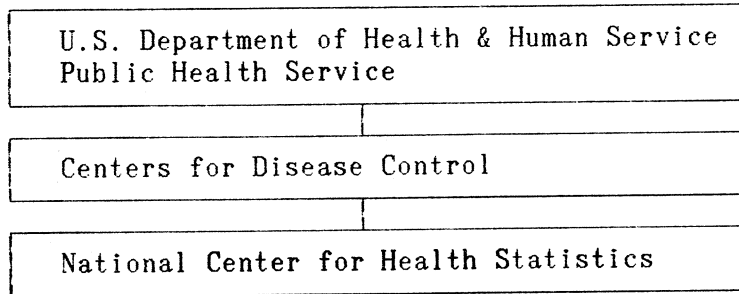
부록 9 : 美國의 主要人口指標(계속)

指 標	單 位	1950	1986
離婚家庭比率(편부모와 18歲미만의 자녀)	全體家庭중 %	12.9(70)	27.3(88)
백인계		10.0	12.2
흑인계		-	21.7
스페인계		-	59.4
편모와 18세미만의 자녀가 있는 가정의 평균소득	달러	-	33.6
편부와 18세미만의 자녀가 있는 가정의 평균소득	달러	-	11,989
양친과 18세미만의 자녀가 있는 가정의 평균소득	달러	-	23,919
未婚母比率	%	-	40,067
婚外出産率	15-49歲 既婚女性 千名當	10.7(70)	23.4(86)
백인계		-	23.2
흑인계		-	80.9

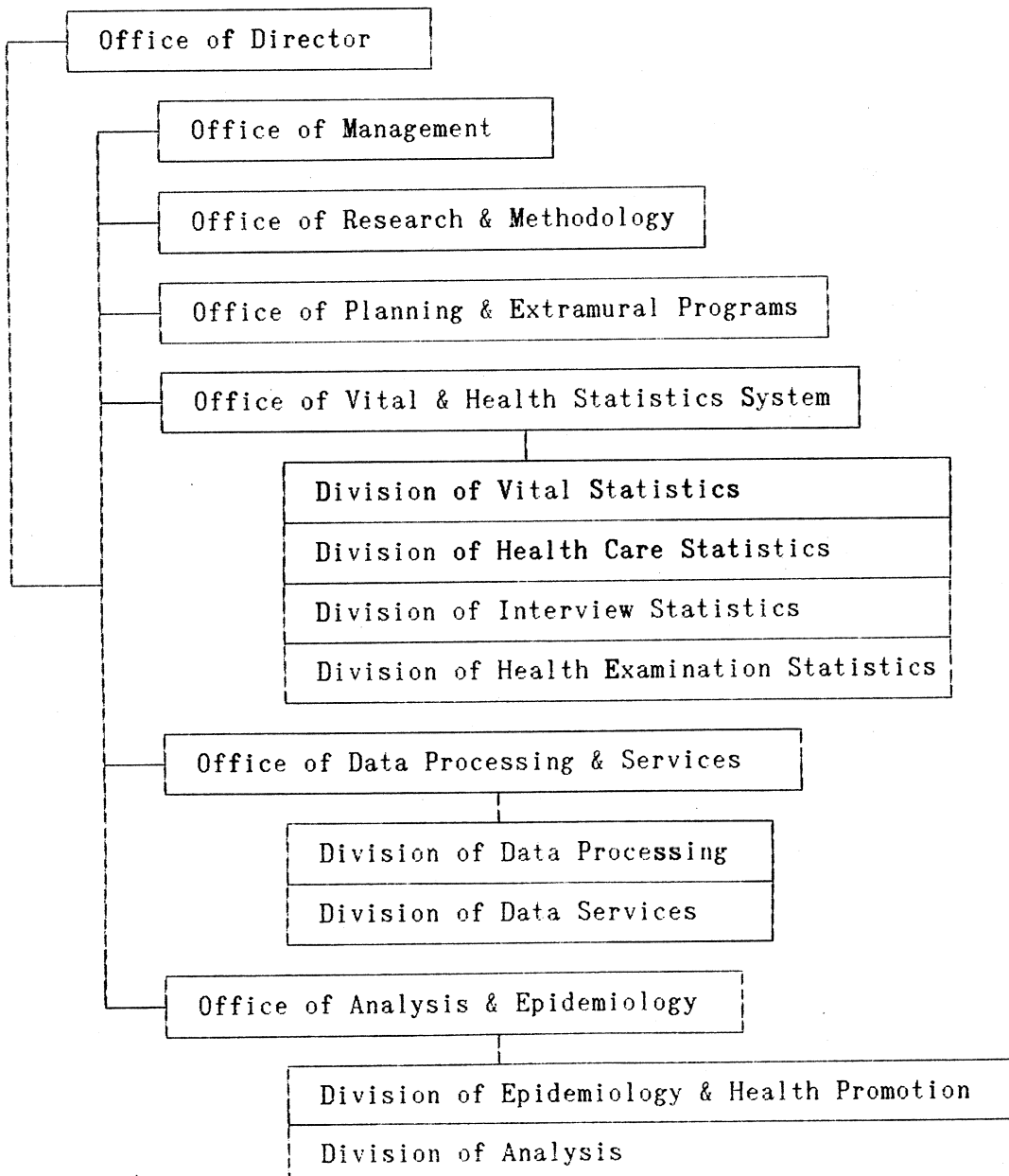
부록12 : 美國NCHS의 組織 및 調査種類

1. NCHS 概要

- o 總 豫算額 : 약 55百萬달리(368億 5千萬원)
- o 職員數 : 약 500名
- o NCHS 의 組織位相



2. NCHS 의 組織



3. 美國의 人口動態申告制度 概要

出生 : 醫師나 조산원이 3日 以內 出生證明書(birth certificate)를 作成하여 郡청에 제출하면 郡청에서 보통 5日 以內 편철되어짐

死亡 : 장의사(funeral director)가 死亡者의 친척으로부터 死亡者의 인적사항을 파악하는 한편, 醫師로부터 死亡診斷書를 發給받아 이를 기초로 死亡證明書(death certificate)를 作成하여 郡청에 제출

婚姻 : 結婚 主禮者(marriage officiant)가 結婚申請書(marriage license)의 타당성을 검토하고 證明한후 郡청에 송하면, 郡청에서는 結婚許可書를 發給하여 准후 이 사항을 州 政府로 通報

離婚 : 辯護士가 離婚申請書를 作成하여 郡청으로 송부하면, 郡청에서는 접수한후 州 政府로 通報

※ 우리나라와의 상이점

- o 戶主制度가 없음. 즉 우리나라처럼 戶主를 中心으로 記錄 정리되는 것이 아니고 個人中心으로 記錄정리되고 있음
- o 申告義務者가 韓國에서는 國民인데 반하여 出生의 경우는 醫師나 조산원, 死亡의 경우는 장의사(funeral director), 婚姻의 경우는 주례자(marriage officiant), 離婚의 경우는 辯護士(attorney)임.

4. NCHS의 調査 種類

1) 人口動態申告 및 標本調査

- 出生申告
- 死亡申告
- 死産申告
- 婚姻申告
- 離婚申告
- 流産申告
- 死亡追跡調査(National Mortality Followback Survey)
- 母性 및 영아死亡調査(National Maternal & Infant Health Survey)

2) 施設基準調査(Record Based Surveys)

- National Health Care Survey
- National Master Facility Inventory
- National Hospital Discharge Survey
- National Nursing Home Survey
- National Ambulatory Medical Care Survey
- National Nursing Home Survey Followup

3) 人口基準調査(Population Based Surveys)

- National Health Interview Survey
- National Medical Care Utilization and Expenditure Survey
- National Health and Nutrition Examination Survey
- Hispanic Health and Nutrition Examination Survey
- National Survey of Family Growth
- Epidemiologic Followup Survey
- Longitudinal Study of Aging

부록13 : 美國의 人口動態申告書 樣式

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

U.S. STANDARD
CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER

BIRTH NUMBER

CHILD

CERTIFIER/
ATTENDANT

DEATH UNDER
ONE YEAR OF
AGE
Enter State File
Number of death
certificate for
this child

MOTHER

FATHER

INFORMANT

MOTHER

FATHER

MULTIPLE BIRTHS
Enter State File
Number for Male(s)
LIVE BIRTH(S)

FETAL DEATH(S)

DEPARTMENT OF HEALTH AND HUMAN SERVICES - NATIONAL CENTER FOR HEALTH STATISTICS - 1989 REVISION

PHS T 002
REV. 1/89

1. CHILD'S NAME (First, Middle, Last)		2. DATE OF BIRTH (Month, Day, Year)	3. TIME OF BIRTH
4. SEX	5. CITY, TOWN, OR LOCATION OF BIRTH		6. COUNTY OF BIRTH
7. PLACE OF BIRTH: <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		8. FACILITY NAME (If not institution, give street and number)	
9. I certify that this child was born alive at the place and time and on the date stated.		10. DATE SIGNED (Month, Day, Year)	11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print) Name _____ <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify)
12. CERTIFIER'S NAME AND TITLE (Type/Print) Name _____ <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Hospital Admin. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify)		13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
14. REGISTRAR'S SIGNATURE		15. DATE FILED BY REGISTRAR (Month, Day, Year)	
16a. MOTHER'S NAME (First, Middle, Last)		16b. MAIDEN SURNAME	17. DATE OF BIRTH (Month, Day, Year)
18. BIRTHPLACE (State or Foreign Country)	19a. RESIDENCE - STATE	19b. COUNTY	19c. CITY, TOWN, OR LOCATION
19d. STREET AND NUMBER		19e. INSIDE CITY LIMITS? (Yes or no)	20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only)
21. FATHER'S NAME (First, Middle, Last)		22. DATE OF BIRTH (Month, Day, Year)	23. BIRTHPLACE (State or Foreign Country)
24. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. Signature of Parent or Other Informant _____			

INFORMATION FOR MEDICAL AND HEALTH USE ONLY			
25. OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)		26. RACE - American Indian, Black, White, etc. (Specify below)	
25a. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26a.	
25b. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26b.	
27. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		27a.	
27b.		27c.	
28. PREGNANCY HISTORY (Complete each section)		29. MOTHER MARRIED? (At birth, conception, or any time between) (Yes or no)	
30. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)		31. MONTH OF PREGNANCY PRENATAL CARE BEGAN - First, Second, Third, etc. (Specify)	
32. PRENATAL VISITS - Total Number (If none, so state)		33. BIRTH WEIGHT (Specify unit)	
34. CLINICAL ESTIMATE OF GESTATION (Weeks)		35. PLURALITY - Single, Twin, Triplet, etc. (Specify)	
36. IF NOT SINGLE BIRTH - Born First, Second, Third, etc. (Specify)		36a. APGAR SCORE	
36b. 1 Minute		36c. 5 Minutes	
37a. MOTHER TRANSFERRED PRIOR TO DELIVERY? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, enter name of facility transferred from:		37b. INFANT TRANSFERRED? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, enter name of facility transferred to:	
38a. MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)		40. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)	
38b. OTHER RISK FACTORS FOR THIS PREGNANCY (Complete all items)		41. METHOD OF DELIVERY (Check all that apply)	
39. OBSTETRIC PROCEDURES (Check all that apply)		42. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)	
43. CONGENITAL ANOMALIES OF CHILD (Check all that apply)		44. OTHER CHROMOSOMAL ANOMALIES (Specify)	

U.S. STANDARD CERTIFICATE OF DEATH

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE OTHER SIDE
AND HANDBOOK

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last)						2. SEX	3. DATE OF DEATH (Month, Day, Year)		
4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country)			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no)		9a. PLACE OF DEATH (Check only one; see instructions on other side)							
		HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number)			9c. CITY, TOWN, OR LOCATION OF DEATH			9d. COUNTY OF DEATH			
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		12b. KIND OF BUSINESS/INDUSTRY			
13a. RESIDENCE—STATE		13b. COUNTY		13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER			
13e. INSIDE CITY LIMITS? (Yes or no)	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE—American Indian, Black, White, etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Maiden Surname)					
19a. INFORMANT'S NAME (Type/Print)				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c. LOCATION—City or Town, State					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH			21b. LICENSE NUMBER (of Licensee)		22. NAME AND ADDRESS OF FACILITY				
Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.		23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title		23b. LICENSE NUMBER		23c. DATE SIGNED (Month, Day, Year)			
24. TIME OF DEATH M		25. DATE PRONOUNCED DEAD (Month, Day, Year)		26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)					
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____							Approximate interval between Onset and Death		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				28a. WAS AN AUTOPSY PERFORMED? (Yes or no)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)			
29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		30a. DATE OF INJURY (Month, Day, Year)		30b. TIME OF INJURY M		30c. INJURY AT WORK? (Yes or no)		30d. DESCRIBE HOW INJURY OCCURRED	
		30e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
31a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER/CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.									
31b. SIGNATURE AND TITLE OF CERTIFIER				31c. LICENSE NUMBER		31d. DATE SIGNED (Month, Day, Year)			
32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print)									
33. REGISTRAR'S SIGNATURE						34. DATE FILED (Month, Day, Year)			

NAME OF DECEDENT:
For use by physician or institution

SEE INSTRUCTIONS ON OTHER SIDE

SEE INSTRUCTIONS ON OTHER SIDE

SEE DEFINITION ON OTHER SIDE

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

SEE DEFINITION ON OTHER SIDE

CERTIFIER

REGISTRAR

DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH SERVICE - NATIONAL CENTER FOR HEALTH STATISTICS - 1988 REVISION

INSTRUCTIONS FOR SELECTED ITEMS

Item 9. — Place of Death

If the death was pronounced in a hospital, check the box indicating the decedent's status at the institution (inpatient, emergency room/outpatient, or dead on arrival (DOA)). If death was pronounced elsewhere, check the box indicating whether pronouncement occurred at a nursing home, residence, or other location. If other is checked, specify where death was legally pronounced, such as a physician's office, the place where the accident occurred, or at work.

Items 13a-f. — Residence of Decedent

Residence of the decedent is the place where he or she actually resided. This is not necessarily the same as "home State," or "legal residence." Never enter a temporary residence such as one used during a visit, business trip, or a vacation. Place of residence during a tour of military duty or during attendance at college is not considered as temporary and should be considered as the place of residence.

If a decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility in items 13a through 13f.

If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. Do not use an acute care hospital's location as the place of residence for any infant.

Items 23 and 31 — Medical Certification

The PRONOUNCING PHYSICIAN is the person who determines that the decedent is legally dead but who was not in charge of the patient's care for the illness or condition which resulted in death. Items 23a through 23c are to be completed only when the physician responsible for completing the medical certification of cause of death (Item 27) is not available at time of death to certify cause of death. The pronouncing physician is responsible for completing only items 23 through 28.

The CERTIFYING PHYSICIAN is the person who determines the cause of death (Item 27). This box should be checked only in those cases when the person who is completing the medical certification of cause of death is not the person who pronounced death (Item 23). The certifying physician is responsible for completing items 27 through 32.

The PRONOUNCING AND CERTIFYING PHYSICIAN box should be checked when the same person is responsible for completing Items 24 through 32, that is, when the same physician has both pronounced death and certified the cause of death. If this box is checked, items 23a through 23c should be left blank.

The MEDICAL EXAMINER/CORONER box should be checked when investigation is required by the Post Mortem Examination Act and the cause of death is completed by a medical examiner or coroner. The Medical Examiner/Coroner is responsible for completing items 24 through 32.

Item 27. — Cause of Death

The cause of death means the disease, abnormality, injury, or poisoning that caused the death, not the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.

In Part I, the immediate cause of death is reported on line (a). Antecedent conditions, if any, which gave rise to the cause are reported on lines (b), (c), and (d). The underlying cause, should be reported on the last line used in Part I. No entry is necessary on lines (b), (c), and (d) if the immediate cause of death on line (a) describes completely the train of events. ONLY ONE CAUSE SHOULD BE ENTERED ON A LINE. Additional lines may be added if necessary. Provide the best estimate of the interval between the onset of each condition and death. Do not leave the interval blank; if unknown, so specify.

In Part II, enter other important diseases or conditions that may have contributed to death but did not result in the underlying cause of death given in Part I.

See examples below.

SEE INSTRUCTIONS ON OTHER SIDE	27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a.	Rupture of myocardium <small>DUE TO IOR AS A CONSEQUENCE OF:</small>			Mins.
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b.	Acute myocardial infarction <small>DUE TO IOR AS A CONSEQUENCE OF:</small>			6 days
		c.	Chronic ischemic heart disease <small>DUE TO IOR AS A CONSEQUENCE OF:</small>			5 years
d.						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	Diabetes, Chronic obstructive pulmonary disease, smoking				28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
					Yes	Yes
29. MANNER OF DEATH		30a. DATE OF INJURY (Month, Day, Year)	30b. TIME OF INJURY	30c. INJURY AT WORK? (Yes or no)	30d. DESCRIBE HOW INJURY OCCURRED	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide			M			
		30e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
			Route 4, Raleigh, North Carolina			

SEE INSTRUCTIONS ON OTHER SIDE	27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a.	Cerebral laceration <small>DUE TO IOR AS A CONSEQUENCE OF:</small>			10 mins.
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b.	Open skull fracture <small>DUE TO IOR AS A CONSEQUENCE OF:</small>			10 mins.
		c.	Automobile accident <small>DUE TO IOR AS A CONSEQUENCE OF:</small>			10 mins.
d.						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
					No	No
29. MANNER OF DEATH		30a. DATE OF INJURY (Month, Day, Year)	30b. TIME OF INJURY	30c. INJURY AT WORK? (Yes or no)	30d. DESCRIBE HOW INJURY OCCURRED	
<input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		11/15/85	1 p. M	No	2-car collision—driver	
		30e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
		Street	Route 4, Raleigh, North Carolina			

**U.S. STANDARD
REPORT OF FETAL DEATH**

STATE FILE NUMBER _____

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

PARENTS

MOTHER

FATHER

MULTIPLE BIRTHS
Enter State File
Number for
Mate(s)
LIVE BIRTH(S)

FETAL DEATH(S)

DEPARTMENT OF HEALTH AND HUMAN SERVICES — PUBLIC HEALTH SERVICE — NATIONAL CENTER FOR HEALTH STATISTICS — 1989 REVISION

MEDICAL
AND
HEALTH
INFORMATION

CAUSE OF
FETAL
DEATH

1. FACILITY NAME (If not institution, give street and number)				
2. CITY, TOWN, OR LOCATION OF DELIVERY		3. COUNTY OF DELIVERY	4. DATE OF DELIVERY (Month, Day, Year)	5. SEX OF FETUS
6a. MOTHER'S NAME (First, Middle, Last)		6b. MAIDEN SURNAME	7. DATE OF BIRTH (Month, Day, Year)	
8a. RESIDENCE STATE	8b. COUNTY	8c. CITY, TOWN, OR LOCATION	8d. STREET AND NUMBER	
8e. INSIDE CITY LIMITS? (Yes or no)	8f. ZIP CODE	9. FATHER'S NAME (First, Middle, Last)		10. DATE OF BIRTH (Month, Day, Year)
11. OF HISPANIC ORIGIN? (Specify No or Yes—If yes, specify Cuban, Mexican, Puerto Rican, etc.)		12. RACE—American Indian, Black, White, etc. (Specify below)		13. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)
14. OCCUPATION AND BUSINESS/INDUSTRY (Worked during last year)		14a. Occupation		
14b. Business/Industry		14c. Occupation		
14d. Business/Industry		14e. Occupation		
14f. Business/Industry		14g. Occupation		
14h. Business/Industry		14i. Occupation		
14j. Business/Industry		14k. Occupation		
14l. Business/Industry		14m. Occupation		
14n. Business/Industry		14o. Occupation		
14p. Business/Industry		14q. Occupation		
14r. Business/Industry		14s. Occupation		
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14kx. Business/Industry		14ky. Occupation		
14ky. Business/Industry		14kz. Occupation		
14kz. Business/Industry		14la. Occupation		
14la. Business/Industry		14lb. Occupation		
14lb. Business/Industry		14lc. Occupation		
14lc. Business/Industry		14ld. Occupation		
14ld. Business/Industry		14le. Occupation		
14le. Business/Industry		14lf. Occupation		
14lf. Business/Industry		14lg. Occupation		
14lg. Business/Industry		14lh. Occupation		
14lh. Business/Industry		14li. Occupation		
14li. Business/Industry		14lj. Occupation		
14lj. Business/Industry		14lk. Occupation		
14lk. Business/Industry		14ll. Occupation		
14ll. Business/Industry		14lm. Occupation		
14lm. Business/Industry		14ln. Occupation		
14ln. Business/Industry		14lo. Occupation		
14lo. Business/Industry		14lp. Occupation		
14lp. Business/Industry		14lq. Occupation		
14lq. Business/Industry		14lr. Occupation		
14lr. Business/Industry		14ls. Occupation		
14ls. Business/Industry		14lt. Occupation		

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U.S. STANDARD
LICENSE AND CERTIFICATE OF MARRIAGE

DEPARTMENT OF HEALTH AND HUMAN SERVICES — NATIONAL CENTER FOR HEALTH STATISTICS — 1989 REVISION

	LICENSE NUMBER		STATE FILE NUMBER
GROOM	1. GROOM'S NAME <i>(First,Middle,Last)</i>		2. AGE LAST BIRTHDAY
	3a. RESIDENCE—CITY, TOWN, OR LOCATION		3b. COUNTY
	3c. STATE	4. BIRTHPLACE <i>(State or Foreign Country)</i>	5. DATE OF BIRTH <i>(Month,Day,Year)</i>
	6a. FATHER'S NAME <i>(First,Middle,Last)</i>	6b. BIRTHPLACE <i>(State or Foreign Country)</i>	7a. MOTHER'S NAME <i>(First, Middle, Maiden Surname)</i>
BRIDE	8a. BRIDE'S NAME <i>(First,Middle,Last)</i>		8b. MAIDEN SURNAME <i>(If different)</i>
	9. AGE LAST BIRTHDAY		
	10a. RESIDENCE—CITY, TOWN, OR LOCATION		10b. COUNTY
	10c. STATE	11. BIRTHPLACE <i>(State or Foreign Country)</i>	12. DATE OF BIRTH <i>(Month,Day,Year)</i>
SIGNATURES	13a. FATHER'S NAME <i>(First,Middle,Last)</i>		13b. BIRTHPLACE <i>(State or Foreign Country)</i>
	14a. MOTHER'S NAME <i>(First, Middle, Maiden Surname)</i>		14b. BIRTHPLACE <i>(State or Foreign Country)</i>
	WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.		
	15. GROOM'S SIGNATURE		16. BRIDE'S SIGNATURE
LICENSE TO MARRY	This License Authorizes the Marriage in This State of the Parties Named Above By Any Person Duly Authorized to Perform a Marriage Ceremony Under the Laws of the State of _____		17. EXPIRATION DATE <i>(Month,Day,Year)</i>
	18. SUBSCRIBED TO AND SWORN TO BEFORE ME ON: <i>(Month,Day,Year)</i>	19. SIGNATURE OF ISSUING OFFICIAL	20. TITLE OF ISSUING OFFICIAL
CEREMONY	21. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: <i>(Month,Day,Year)</i>	22a. WHERE MARRIED—CITY, TOWN, OR LOCATION	22b. COUNTY
	23a. SIGNATURE OF PERSON PERFORMING CEREMONY	23b. NAME <i>(Type/Print)</i>	23c. TITLE
	23d. ADDRESS OF PERSON PERFORMING CEREMONY <i>(Street and Number or Rural Route Number, City or Town, State, Zip Code)</i>		
	24a. SIGNATURE OF WITNESS TO CEREMONY	24b. SIGNATURE OF WITNESS TO CEREMONY	
LOCAL OFFICIAL	25. SIGNATURE OF LOCAL OFFICIAL MAKING RETURN TO STATE HEALTH DEPARTMENT		26. DATE FILED BY LOCAL OFFICIAL <i>(Month,Day,Year)</i>

CONFIDENTIAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

	27. NUMBER OF THIS MARRIAGE— First,Second,etc. <i>(Specify below)</i>	28. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		29. RACE—American Indian, Black, White, etc. <i>(Specify below)</i>	30. EDUCATION <i>(Specify only highest grade completed)</i>	
		By Death, Divorce, Dissolution, or Annulment <i>(Specify below)</i>	Date <i>(Month,Day,Year)</i>		Elementary/Secondary (0-12)	College (1-4 or 5+)
GROOM	27a.	28a.	28b.	29a.	30a.	
BRIDE	27b.	28c.	28d.	29b.	30b.	

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U.S. STANDARD
CERTIFICATE OF DIVORCE, DISSOLUTION
OF MARRIAGE, OR ANNULMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES — PUBLIC HEALTH SERVICE — NATIONAL CENTER FOR HEALTH STATISTICS — 1989 REVISION

	COURT FILE NUMBER	STATE FILE NUMBER
HUSBAND	1. HUSBAND'S NAME (First,Middle,Last)	
	2a. RESIDENCE—CITY, TOWN, OR LOCATION	2b. COUNTY
	2c. STATE	3. BIRTHPLACE (State or Foreign Country)
WIFE	4. DATE OF BIRTH (Month,Day,Year)	
	5a. WIFE'S NAME (First,Middle,Last)	5b. MAIDEN SURNAME
	6a. RESIDENCE—CITY, TOWN, OR LOCATION	6b. COUNTY
MARRIAGE	6c. STATE	7. BIRTHPLACE (State or Foreign Country)
	8. DATE OF BIRTH (Month,Day,Year)	9a. PLACE OF THIS MARRIAGE—CITY, TOWN, OR LOCATION
	9b. COUNTY	9c. STATE OR FOREIGN COUNTRY
ATTORNEY	10. DATE OF THIS MARRIAGE (Month,Day,Year)	11. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month,Day,Year)
	12. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 11 Number _____ <input type="checkbox"/> None	13. PETITIONER <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify) _____
	14a. NAME OF PETITIONER'S ATTORNEY (Type/Print)	14b. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
DECREE	15. I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON: (Month,Day,Year)	16. TYPE OF DECREE—Divorce, Dissolution, or Annulment (Specify)
	17. DATE RECORDED (Month,Day,Year)	18. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Husband _____ Wife _____ Joint (Husband/Wife) _____ Other _____ <input type="checkbox"/> No children
	19. COUNTY OF DECREE	20. TITLE OF COURT
	21. SIGNATURE OF CERTIFYING OFFICIAL	22. TITLE OF CERTIFYING OFFICIAL
		23. DATE SIGNED (Month,Day,Year)

CONFIDENTIAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

	24. NUMBER OF THIS MARRIAGE—First,Second,etc. (Specify below)	25. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		26. RACE—American Indian, Black, White, etc. (Specify below)	27. EDUCATION (Specify only highest grade completed)	
		By Death, Divorce, Dissolution, or Annulment (Specify below)	Date (Month,Day,Year)		Elementary/Secondary (0-12)	College (1-4 or 5+)
HUSBAND	24a.	25a.	25b.	26a.	27a.	
WIFE	24b.	25c.	25d.	26b.	27b.	

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U.S. STANDARD
REPORT OF INDUCED TERMINATION OF PREGNANCY

STATE FILE NUMBER

1. FACILITY NAME (If not clinic or hospital, give address)		2. CITY, TOWN, OR LOCATION OF PREGNANCY TERMINATION		3. COUNTY OF PREGNANCY TERMINATION	
4. PATIENT'S IDENTIFICATION		5. AGE LAST BIRTHDAY	6. MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		7. DATE OF PREGNANCY TERMINATION (Month, Day, Year)
8a. RESIDENCE—STATE	8b. COUNTY	8c. CITY, TOWN, OR LOCATION		8d. INSIDE CITY LIMITS? (Yes or no)	8e. ZIP CODE
9. OF HISPANIC ORIGIN? (Specify No or Yes—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____		10. RACE <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (Specify) _____		11. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	
12. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)	13. CLINICAL ESTIMATE OF GESTATION (Weeks)	14. PREVIOUS PREGNANCIES (Complete each section)			
		LIVE BIRTHS		OTHER TERMINATIONS	
		14a. Now Living Number _____ <input type="checkbox"/> None	14b. Now Dead Number _____ <input type="checkbox"/> None	14c. Spontaneous Number _____ <input type="checkbox"/> None	14d. Induced (Do not include this termination) Number _____ <input type="checkbox"/> None
15. TERMINATION PROCEDURES					
15a. PROCEDURE THAT TERMINATED PREGNANCY (Check only one)		TYPE OF TERMINATION PROCEDURES		15b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY (Check all that apply)	
		<input type="checkbox"/> Suction Curettage <input type="checkbox"/> Sharp Curettage <input type="checkbox"/> Dilation and Evacuation (D&E) <input type="checkbox"/> Intra-Uterine Saline Instillation <input type="checkbox"/> Intra-Uterine Prostaglandin Instillation <input type="checkbox"/> Hysterotomy <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
16. NAME OF ATTENDING PHYSICIAN (Type/Print)			17. NAME OF PERSON COMPLETING REPORT (Type/Print)		

DEPARTMENT OF HEALTH AND HUMAN SERVICES — PUBLIC HEALTH SERVICE — NATIONAL CENTER FOR HEALTH STATISTICS — 1989 REVISION

PHS-T-006
REV. 1/89

부록14 : 美國의 人口動態申告法 (英文)

NCHS

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Public Health Service
National Center for Health Statistics
Hyattsville, Maryland
May 1978

Model State Vital Statistics Act **AND** Model State Vital Statistics Regulations

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1977 REVISION

NATIONAL CENTER FOR HEALTH STATISTICS

Dorothy E. Rice, Director

Robert A. Israel
Deputy Director

Jacob J. Feldman, Ph.D.
Associate Director for Analysis

Gail F. Fisher, Ph.D.
Associate Director for the Cooperative Health
Statistics System

Elijah L. White
Associate Director for Data Systems

James T. Baird, Jr., Ph.D.
Associate Director for International Statistics

Robert C. Huber
Associate Director for Management

Monroe G. Sirken, Ph.D.
Associate Director for Mathematical Statistics

Peter L. Hurley
Associate Director for Operations

James M. Robey, Ph.D.
Associate Director for Program Development

Paul E. Leaverton, Ph.D.
Associate Director for Research

Alice Haywood
Information Officer

DIVISION OF VITAL STATISTICS

John E. Patterson
Director

Alice M. Hetzel
Deputy Director

Loren C. Chancellor
Chief, Registration Methods Branch

APPROVED and RECOMMENDED

by the

Association of State and Territorial Health Officials

American Association for Vital Records and Public
Health Statistics

United States Public Health Service

This legislation has been approved by the Committee on Suggested State Legislation of the Council of State Governments. The legislation will be included as part of the 1979 edition of Suggested State Legislation.

These revisions replace the 1959 Revision of the Model State Vital Statistics Act (PHS:794) and the 1973 Revision of the Model State Vital Statistics Regulations (PHCRS Doc. #616.6)

TECHNICAL CONSULTANT PANEL
on
Revision of the Model State Vital Statistics Act
and
Model State Vital Statistics Regulations

MEMBERS

Mr. Donald J. Davids (Chairman)
Chief, Records and Statistics Section
Colorado State Department of Health
Denver, Colorado 80220

Mrs. Hazel Aune (formerly Chief, Registration Methods
7094 Valley View Road, Route 7 Branch, Division of Vital Statistics,
Verona, Wisconsin 53593 National Center for Health Statistics)

Mr. Irvin G. Franzen
Director, Registration and Health
Statistics
Kansas State Department of Health
Topeka, Kansas 66603

Miss Martha H. Pattillo (formerly, Assistant Director, Vital
1265 McLendon Avenue, N.E. Records Unit, Department of Human
Atlanta, Georgia 30307 Resources, Atlanta, Georgia)

Mr. Ronald V. Saf
Executive Director
Iowa Board of Medical Examiners
Des Moines, Iowa 50309

Resource Staff

Mr. Loren E. Chancellor
Chief, Registration Methods Branch
Division of Vital Statistics
National Center for Health Statistics

Mr. George A. Gay
Public Health Analyst
Registration Methods Branch
Division of Vital Statistics
National Center for Health Statistics

Mrs. Mary Lou Dundon
Conference Assistant
Conference Management Branch
Office of Program Support
National Center for Health Statistics

Model State Vital Statistics Act

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MODEL STATE VITAL STATISTICS REGULATIONS

NOTE

Where the need for variation was apparent, parantheses,
" (), " have been placed around the word----()

In cases where recommendations were considered optional,
wording was placed in -----< >

MODEL STATE VITAL STATISTICS ACT

PREFACE

The Model State Vital Statistics Act is a document designed to be used by State Registrars of Vital Statistics and State Legislators when considering revision of the Vital Statistics laws. The main objectives of the 1977 Revision of the Model Act are: (1) To incorporate current social customs and practices and current technology into the policies and procedures of the vital statistics system in the various States; (2) to promote the uniformity of these policies and procedures to the end that all vital records will be readily acceptable in all places as prima facie evidence of the facts therein recorded; (3) to enhance the level of comparability of vital statistics data among the various States; and (4) to minimize duplication within the vital statistics system and thereby achieve maximum administrative economy.

The historical philosophy of the vital statistics systems in the United States is that vital events be registered only in the State in which they occur. This concept is maintained in this Revision of the Model Act. The jurisdiction of the State Registrar extends only to boundaries of his State and standards for registration may be set and enforced only for those events occurring within those boundaries. This is a very important concept in maintaining the validity of vital records in their use for legal purposes. If it is to be respected, the appropriate procedures for recording birth and death information for United States citizens born or dying in foreign countries and certification of birth information for aliens adopted by United States citizens must continue to be the responsibility of those Federal Agencies which retain jurisdiction over recording these events.

While this revision of the Model Act does not constitute an abrupt departure from earlier Model Vital Statistics Acts, there are several modifications that should be noted. The most significant change relates to the establishment of a centralized system for the collection, processing, registration and certification of vital records in each State, whereby all vital events are reported directly to the State Office of Vital Statistics. However, the Model Act contains authorization for local offices to perform those functions the State Registrar may direct, including the receipt and processing of vital records and the issuance of certified copies, when such offices can be shown to be an aid to efficient and effective operation of the system. The Model Act further provides for the options of allowing such local offices to work with records only for their designated geographic area or to be given access to the entire State file and allowing them to issue certified copies without regard to where the event occurred within the State. The important concept, however, is that these offices are part of the State Office of Vital Statistics and are under the direct control of the State Registrar.

The recommendation for a change from a locally-oriented vital statistics system to a centralized system is based on several considerations: (1) A centralized system produces more timely registration of the records, thereby improving the timeliness of all operations, including publication of statistical data as well as fulfillment of citizens' needs for vital records services; (2) it decreases duplication and cost since many activities presently performed at local vital records offices are repeated at the State Office; (3) it reduces the opportunity for fraudulent use of certified copies because amendments to the records will be easier to control and certified copies will be issued only from the original record and not from copies of the original record; and (4) due to the mobility of the population it frequently is of no benefit to maintain a file of records in the county or town of birth or death because many people do not reside in the place where they were born or where a family member dies.

This revision of the Model Act also makes a significant change in the registration of fetal deaths. Spontaneous fetal deaths of 20 completed weeks gestation or more and all induced terminations of pregnancy, irrespective of duration of gestation, will be reported as legally required statistical reports, which will not be incorporated into the official vital records file. This change recognizes the fact that spontaneous fetal death and induced abortion are not legal events in the sense that they neither create nor change a legal status.

This revision of the Model Act also recognizes concerns about invasion of privacy, confidentiality, and fraudulent use of vital records and includes specific provision concerning these matters. In particular, the penalty provisions of the Model Act have been strengthened to serve as a deterrent to illegal use of vital records and to provide adequate penalties when prosecution is necessary.

In addition to this Model Act, Model Regulations have been developed to standardize many of the administrative practices and procedures in effect in vital statistics offices. The Model Act and the Model Regulations should be considered jointly whenever vital statistics statutes are to be revised.

SECTION 1 Definitions

As used in this Act:

- (a) "Vital statistics" means the data derived from certificates and reports of birth, death, spontaneous fetal death, induced termination of pregnancy, marriage, (divorce, dissolution of marriage, or annulment) and related reports.
- (b) "System of vital statistics" means the registration, collection, preservation, amendment and certification of vital records; the collection of other reports required by this Act; and activities related thereto including the tabulation, analysis and publication of vital statistics.
- (c) "Vital records" means certificates or reports of birth, death, marriage, (divorce, dissolution of marriage, or annulment) and data related thereto.
- (d) "File" means the presentation of a vital record provided for in this Act for registration by the (Office of Vital Statistics).
- (e) "Registration" means the acceptance by the (Office of Vital Statistics) and the incorporation of vital records provided for in this Act into its official records.
- (f) "Live birth" means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes, or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.
- (g) "Fetal death" means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.
 - (1) "Induced termination of pregnancy" means the purposeful interruption of pregnancy with the intention other than to produce a live-born infant or to remove a dead fetus and which does not result in a live birth.
 - (2) "Spontaneous fetal death" means the expulsion or extraction of a product of human conception resulting in other than a live birth and which is not an induced termination of pregnancy.
- (h) "Dead body" means a human body or such parts of such human body from the condition of which it reasonably may be concluded that death recently occurred.

- (i) "Final disposition" means the burial, interment, cremation, removal from the State, or other authorized disposition of a dead body or fetus.
- (j) "Physician" means a person authorized or licensed to practice medicine or osteopathy pursuant to the laws of this State.
- (k) "Institution" means any establishment, public or private, which provides in-patient medical, surgical, or diagnostic care or treatment or nursing, custodial, or domiciliary care, or to which persons are committed by law.

SECTION 2. Office of Vital Statistics and Statewide System of Vital Statistics

There is hereby established in the (State public health administrative agency) an (Office of Vital Statistics) which shall install, maintain and operate the only system of vital statistics throughout this State. The (Office of Vital Statistics) shall be provided with sufficient staff, suitable offices, and other resources for the proper administration of the system of vital statistics and for the preservation of its official records.

SECTION 3. Rules and Regulations

The (State public health administrative agency), hereinafter referred to as "State Agency," is authorized to adopt, amend and repeal rules and regulations for the purpose of carrying out the provisions of this Act.

SECTION 4. Appointment of State Registrar of Vital Statistics

The (State Health Officer) shall appoint the State Registrar of Vital Statistics, hereinafter referred to as "State Registrar," in accordance with civil service laws and regulations.

SECTION 5. Duties of State Registrar

(a) The State Registrar shall:

- (1) Administer and enforce the provisions of this Act and the rules and regulations issued hereunder, and issue instructions for the efficient administration of the system of vital statistics.
- (2) Direct and supervise the system of vital statistics and the (Office of Vital Statistics) and be custodian of its records.
- (3) Direct, supervise and control the activities of all persons when they are engaged in activities pertaining to the operation of the system of vital statistics.

- (4) Conduct training programs to promote uniformity of policy and procedures throughout the State in matters pertaining to the system of vital statistics.
 - (5) Prescribe, with the approval of the State Agency, furnish and distribute such forms as are required by this Act and the rules and regulations issued hereunder, or prescribe such other means for transmission of data as will accomplish the purpose of complete and accurate reporting and registration.
 - (6) Prepare and publish reports of vital statistics of this State and such other reports as may be required by the State Agency.
 - (7) Provide to local health agencies copies of or data derived from certificates and reports required under this Act, as he or she shall determine are necessary for local health planning and program activities. The State Registrar shall establish a schedule with each local health agency for transmittal of the copies or data. The copies or data shall remain the property of the (Office of Vital Statistics), and the uses which may be made of them shall be governed by the State Registrar.
- (b) The State Registrar may establish or designate offices in the State to aid in the efficient administration of the system of vital statistics.
 - (c) The State Registrar may delegate such functions and duties vested in him or her to employees of the (Office of Vital Statistics) and to employees of any office established or designated under Section 5(b).

SECTION 6. Content of Certificates and Reports

- (a) In order to promote and maintain nationwide uniformity in the system of vital statistics, the forms of certificates and reports required by this Act, or by regulations adopted hereunder, shall include as a minimum the items recommended by the Federal agency responsible for national vital statistics.
- (b) Each certificate, report, and other document required by this Act shall be on a form or in a format prescribed by the State Registrar.
- (c) All vital records shall contain the date received for registration.
- (d) Information required in certificates or reports authorized by this Act may be filed and registered by photographic, electronic, or other means as prescribed by the State Registrar.

SECTION 7. Birth Registration.

- (a) A certificate of birth for each live birth which occurs in this State shall be filed with the (Office of Vital Statistics), or as otherwise directed by the State Registrar, within five days after such birth and shall be registered if it has been completed and filed in accordance with this section.
- (b) When a birth occurs in an institution or en route thereto, the person in charge of the institution or his or her designated representative shall obtain the personal data, prepare the certificate, secure the signatures required, and file the certificate as directed in Section 7(a) or as otherwise directed by the State Registrar within the required five days. The physician or other person in attendance shall provide the medical information required by the certificate and certify to the facts of birth within 72 hours after the birth. If the physician, or other person in attendance, does not certify to the facts of birth within the 72-hour period, the person in charge of the institution shall complete and sign the certificate.
- (c) When a birth occurs outside an institution, the certificate shall be prepared and filed by one of the following in the indicated order of priority:
- (1) The physician in attendance at or immediately after the birth, or in the absence of such a person,
 - (2) Any other person in attendance at or immediately after the birth, or in the absence of such a person,
 - (3) The father, the mother, or, in the absence of the father and the inability of the mother, the person in charge of the premises where the birth occurred.
- (d) When a birth occurs on a moving conveyance within the United States and the child is first removed from the conveyance in this State, the birth shall be registered in this State and the place where it is first removed shall be considered the place of birth. When a birth occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the child is first removed from the conveyance in this State, the birth shall be registered in this State but the certificate shall show the actual place of birth insofar as can be determined.
- (e) (1) If the mother was married at the time of either conception or birth, or between conception and birth, the name of the husband shall be entered on the certificate as the father of the child (and the surname of the child shall be entered on the certificate as that of the husband), unless paternity has been determined otherwise by (a court of competent jurisdiction).

- (2) If the mother was not married at the time of either conception or birth or between conception and birth, the name of the father shall not be entered on the certificate without the written consent of the mother and the person to be named as the father, in which case, upon written request of both parents, the surname of the child shall be entered on the certificate as that of the father.
- (3) In any case in which paternity of a child is determined by (a court of competent jurisdiction), the name of the father and surname of the child shall be entered on the certificate of birth in accordance with the finding and order of the court.
- (4) If the father is not named on the certificate of birth, no other information about the father shall be entered on the certificate.
- <(5) In all other cases, the surname of the child shall be the legal surname of the mother at the time of the birth.>
- (f) The birth certificate of a child born to a married woman as a result of artificial insemination, with consent of her husband, shall be completed in accordance with the provisions of Section 7(e) (1).
- (g) Either of the parents of the child, or other informant, shall attest to the accuracy of the personal data entered on the certificate in time to permit the filing of the certificate within the five days prescribed in Section 7(a).

SECTION 8. Infants of Unknown Parentage; Foundling Registration

- (a) Whoever assumes the custody of a live born infant of unknown parentage shall report on a form and in a manner prescribed by the State Registrar within five days to the (Office of Vital Statistics) the following information:
 - (1) The date and place of finding;
 - (2) Sex, color or race, and approximate birth date of child;
 - (3) Name and address of the person or institution with whom the child has been placed for care;
 - (4) Name given to the child by the custodian of the child;
 - (5) Other data required by the State Registrar.
- (b) The place where the child was found shall be entered as the place of birth.

- (c) A report registered under this section shall constitute the certificate of birth for the child.
- (d) If the child is identified and a certificate of birth is found or obtained, the report registered under this section shall be placed in a special file and shall not be subject to inspection except upon order of (a court of competent jurisdiction) or as provided by regulation.

SECTION 9. Delayed Registraticn of Birth

- (a) When a certificate of birth of a person born in this State has not been filed within the time period provided in Section 7, a certificate of birth may be filed in accordance with regulations of the State Agency. The certificate shall be registered subject to such evidentiary requirements as the State Agency shall by regulation prescribe to substantiate the alleged facts of birth.
- (b) Certificates of birth registered one year or more after the date of birth shall be made on forms prescribed and furnished by the State Registrar, marked "Delayed," and shall show on their face the date of the delayed registration.
- (c) A summary statement of the evidence submitted in support of the delayed registration shall be endorsed on the certificate.
- (d) (1) When an applicant does not submit the minimum documentation required in the regulations for delayed registration or when the State Registrar has reasonable cause to question the validity or adequacy of the applicant's sworn statement or the documentary evidence, and if the deficiencies are not corrected, the State Registrar shall not register the delayed certificate of birth and shall advise the applicant of the reasons for this action, and shall further advise the applicant of his or her right of appeal to (a court of competent jurisdiction).
- (2) The State Agency may by regulation provide for the dismissal of an application which is not actively prosecuted.

SECTION 10. Judicial Procedure to Establish Facts of Birth

- (a) If a delayed certificate of birth is rejected under the provisions of Section 9, a petition signed and sworn to by the petitioner may be filed with (a court of competent jurisdiction) for an order establishing a record of the date and place of the birth and the parentage of the person whose birth is to be registered.
- (b) Such petition shall be made on a form prescribed and furnished by the State Registrar and shall allege:
 - (1) That the person for whom a delayed certificate of birth is sought was born in this State;

- (2) That no certificate of birth of such person can be found in the (Office of Vital Statistics) or (the office of any local custodian of birth certificates);
 - (3) That diligent efforts by the petitioner have failed to obtain the evidence required in accordance with Section 9 of this Act and Regulations adopted pursuant thereto;
 - (4) That the State Registrar has refused to register a delayed certificate of birth and;
 - (5) Such other allegations as may be required.
- (c) The petition shall be accompanied by a statement of the State Registrar made in accordance with Section 9 and all documentary evidence which was submitted to the State Registrar in support of such registration.
 - (d) The court shall fix a time and place for hearing the petition and shall give the State Registrar () days notice of said hearing. The State Registrar or his authorized representative may appear and testify in the proceeding.
 - (e) If the court finds, from the evidence presented, that the person for whom a delayed certificate of birth is sought was born in this State, it shall make findings as to the place and date of birth, parentage, and such other findings as may be required and shall issue an order, on a form prescribed and furnished by the State Registrar, to establish a certificate of birth. This order shall include the birth data to be registered, a description of the evidence presented, and the date of the court's action.
 - (f) The clerk of court shall forward each such order to the State Registrar not later than the tenth day of the calendar month following the month in which it was entered. Such order shall be registered by the State Registrar and shall constitute the certificate of birth.

SECTION 11. Court Reports of Adoption

- (a) For each adoption decreed by (a court of competent jurisdiction) in this State, the court shall require the preparation of a report of adoption on a form prescribed and furnished by the State Registrar. The report shall include such facts as are necessary to locate and identify the certificate of birth of the person adopted; shall provide information necessary to establish a new certificate of birth of the person adopted; and shall identify the order of adoption and be certified by the clerk of court.

- (b) Information necessary to prepare the report of adoption shall be furnished by each petitioner for adoption or his attorney. The (social, welfare agency) or any person having knowledge of the facts shall supply the court with such additional information as may be necessary to complete the report. The provision of such information shall be prerequisite to the issuance of a final decree in the matter by the court.
- (c) Whenever an adoption decree is amended or annulled, the clerk of the court shall prepare a report thereof, which shall include such facts as are necessary to identify the original adoption report and the facts amended in the adoption decree as shall be necessary to properly amend the birth record.
- (d) Not later than the () day of each calendar month or more frequently, as directed by the State Registrar, the clerk of the court shall forward to the State Registrar reports of decrees of adoption, annulment of adoption and amendments of decrees of adoption which were entered in the preceding month, together with such related reports as the State Registrar shall require.
- (e) When the State Registrar shall receive a report of adoption, annulment of adoption, or amendment of a decree of adoption for a person born outside this State, he or she shall forward such report to the State Registrar in the State of birth. If the birth occurred in a foreign country, the report of adoption shall be returned to the attorney or agency handling the adoption for submission to the appropriate Federal agency.

SECTION 12. New Certificates of Birth Following Adoption, Legitimation, Paternity Determination, and Paternity Acknowledgement

- (a) The State Registrar shall establish a new certificate of birth for a person born in this State when he or she receives the following:
 - (1) A report of adoption as provided in Section 11 or a report of adoption prepared and filed in accordance with the laws of another State or foreign country, or a certified copy of the decree of adoption, together with the information necessary to identify the original certificate of birth and to establish a new certificate of birth; except that a new certificate of birth shall not be established if so requested by the court decreeing the adoption, the adoptive parents, or the adopted person.
 - (2) A request that a new certificate be established as prescribed by regulation and such evidence as required by regulation proving that such person has been legitimated, or that (a

court of competent jurisdiction) has determined the paternity of such a person, or that both parents have acknowledged the paternity of such person and request that the surname be changed to that of the father.

- (b) When a new certificate of birth is established, the actual place and date of birth shall be shown. The new certificate shall be substituted for the original certificate of birth in the files, and the original certificate of birth and the evidence of adoption, legitimation, paternity determination, or paternity acknowledgement shall not be subject to inspection except upon order of (a court of competent jurisdiction) or as provided by regulation.
- (c) Upon receipt of a report of an amended decree of adoption, the certificate of birth shall be amended as provided by regulation.
- (d) Upon receipt of a report or decree of annulment of adoption, the original certificate of birth shall be restored to its place in the files and the new certificate and evidence shall not be subject to inspection except upon order of (a court of competent jurisdiction) or as provided by regulation.
- (e) If no certificate of birth is on file for the person for whom a new birth certificate is to be established under this section, and the date and place of birth have not been determined in the adoption or paternity proceedings, a delayed certificate of birth shall be filed with the State Registrar as provided in Section 9 or Section 10 of this Act before a new certificate of birth is established. The new birth certificate shall be prepared on the delayed birth certificate form.
- (f) When a new certificate of birth is established by the State Registrar, all copies of the original certificate of birth in the custody of any other custodian of vital records in this State shall be sealed from inspection or forwarded to the State Registrar, as he or she shall direct.

SECTION 13. Death Registration

- (a) A certificate of death for each death which occurs in this State shall be filed with the (Office of Vital Statistics), or as otherwise directed by the State Registrar, within five days after death and prior to final disposition, and shall be registered if it has been completed and filed in accordance with this section.
 - (1) If the place of death is unknown but the dead body is found in this State, the certificate of death shall be completed and filed in accordance with this section. The place where the body is found shall be shown as the place of death. If the date of death is unknown, it shall be determined by approximation.

- (2) When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this State, the death shall be registered in this State and the place where it is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in this State, the death shall be registered in this State but the certificate shall show the actual place of death insofar as can be determined.
- (b) The funeral director or person acting as such who first assumes custody of the dead body shall file the certificate of death. He or she shall obtain the personal data from the next of kin or the best qualified person or source available and shall obtain the medical certification from the person responsible therefor.
- (c) The medical certification shall be completed, signed, and returned to the funeral director within 48 hours after death by the physician in charge of the patient's care for the illness or condition which resulted in death, except when inquiry is required by the (Post-Mortem Examinations Act). In the absence of said physician or with his or her approval the certificate may be completed and signed by his or her associate physician, the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, provided such individual has access to the medical history of the case, views the deceased at or after death, and death is due to natural causes.
- (d) When death occurs more than (10) days after the decedent was last treated by a physician, the case shall be referred to the (medical examiner, coroner) for investigation to determine and certify the cause of death.
- (e) When inquiry is required by the (Post-Mortem Examinations Act), the (medical examiner, coroner) shall determine the cause of death and shall complete and sign the medical certification within 48 hours after taking charge of the case.
- (f) If the cause of death cannot be determined within 48 hours after death, the medical certification shall be completed as provided by regulation. The attending physician or (medical examiner, coroner) shall give the funeral director or person acting as such notice of the reason for the delay, and final disposition of the body shall not be made until authorized by the attending physician or (medical examiner, coroner).
- (g) When a death is presumed to have occurred within this State but the body cannot be located, a death certificate may be prepared by the State Registrar upon receipt of an order of (a court of competent jurisdiction), which shall include the finding of facts required to complete the death certificate. Such a death certificate shall be marked "Presumptive" and shall show on its face the date of registration and shall identify the court and the date of decree.

SECTION 14. Delayed Registration of Death

- (a) When a death occurring in this State has not been registered within the time period prescribed by Section 13, a certificate of death may be filed in accordance with regulations of the State Agency. Such certificate shall be registered subject to such evidentiary requirements as the State Agency shall by regulation prescribe to substantiate the alleged facts of death.
- (b) Certificates of death registered one year or more after the date of death shall be marked "Delayed" and shall show on their face the date of the delayed registration.

SECTION 15. Reports of Spontaneous Fetal Death

- (a) Each spontaneous fetal death of 20 completed weeks gestation or more, calculated from the date last normal menstrual period began to the date of delivery, or a weight of 350 grams or more, which occurs in this State shall be reported within five days after delivery to the (Office of Vital Statistics) or as otherwise directed by the State Registrar. All induced terminations of pregnancy shall be reported in the manner prescribed in Section 16 and shall not be reported as spontaneous fetal deaths.
 - (1) When a dead fetus is delivered in an institution, the person in charge of the institution or his or her designated representative shall prepare and file the report.
 - (2) When a dead fetus is delivered outside an institution, the physician in attendance at or immediately after delivery shall prepare and file the report.
 - (3) When a spontaneous fetal death required to be reported by this section occurs without medical attendance at or immediately after the delivery or when inquiry is required by the (Post-Mortem Examinations Act), the (medical examiner, coroner) shall investigate the cause of fetal death and shall prepare and file the report within five days.
 - (4) When a spontaneous fetal death occurs in a moving conveyance and the fetus is first removed from the conveyance in this State or when a dead fetus is found in this State and the place of fetal death is unknown, the fetal death shall be reported in this State. The place where the fetus was first removed from the conveyance or the dead fetus was found shall be considered the place of fetal death.
- (b) The name of the father shall be entered on the spontaneous fetal death report in accordance with the provisions of Section 7.

SECTION 16. Reports of Induced Termination of Pregnancy

Each induced termination of pregnancy which occurs in this State, regardless of the length of gestation, shall be reported to the (Office of Vital Statistics) within five days by the person in charge of the institution in which the induced termination of pregnancy was performed. If the induced termination of pregnancy was performed outside an institution, the attending physician shall prepare and file the report.

SECTION 17. Statistical Reports

The reports required under Sections 15 and 16 are statistical reports to be used only for medical and health purposes and shall not be incorporated into the permanent official records of the system of vital statistics. A schedule for the disposition of these reports may be provided by regulation.

SECTION 18. Authorization for Final Disposition

- (a) The funeral director or person acting as such who first assumes custody of a dead body shall, prior to final disposition of the body, obtain authorization for final disposition of the body. The physician or (medical examiner, coroner) when certifying the cause of death also shall authorize final disposition of the body on a form prescribed and furnished by the State Registrar. If the body is to be cremated, additional authorization for cremation must be obtained from the (medical examiner, coroner) on a form prescribed and furnished by the State Registrar.
- (b) Prior to final disposition of a dead fetus, irrespective of the duration of pregnancy, the funeral director, the person in charge of the institution, or other person assuming responsibility for final disposition of the fetus shall obtain from the parents authorization for final disposition. Such authorization shall be on a form prescribed and furnished or approved by the State Registrar.
- (c) With the consent of the physician or (medical examiner, coroner) who is to certify the cause of death, a dead body may be moved from the place of death for the purpose of being prepared for final disposition.
- (d) An authorization for final disposition issued under the law of another State which accompanies a dead body or fetus brought into this State shall be authority for final disposition of the body or fetus in this State.
- (e) No sexton or other person in charge of any place in which interment or other disposition of dead bodies is made shall inter or allow interment or other disposition of a dead body or fetus unless it is accompanied by authorization for final disposition.

- (f) Each person in charge of any place for final disposition shall include in the authorization the date of disposition and shall sign and return all authorizations to the funeral director or person acting as such within 10 days after the date of disposition. When there is no person in charge of the place for final disposition, the funeral director or person acting as such shall endorse the authorization. At the close of each month the funeral director or person acting as such shall transmit to the State Registrar, in the State where death occurred, all endorsed authorizations received during the month.
- (g) Authorization for disinterment and reinterment shall be required prior to disinterment of a dead body or fetus. Such authorization shall be issued by the State Registrar to a licensed funeral director or person acting as such, upon proper application.

SECTION 19. Marriage Registration

- (a) A record of each marriage performed in this State shall be filed with the (Office of Vital Statistics) and shall be registered if it has been completed and filed in accordance with this section.
- (b) The official who issues the marriage license shall prepare the record on the form prescribed and furnished by the State Registrar upon the basis of information obtained from (one of) the parties to be married.
- (c) Each person who performs a marriage shall certify the fact of marriage and return the record to the official who issued the license within () days after the ceremony. (This record shall be signed by the witnesses to the ceremony.) (A signed copy shall be given to the parties.)
- (d) Every official issuing marriage licenses shall complete and forward to the (Office of Vital Statistics) on or before the () day of each calendar month the records of marriages returned to such official during the preceding calendar month.
- (e) A marriage record not filed within the time prescribed by statute may be registered in accordance with regulations of the State Agency.
- <(f) Provision for a recording fee may be added here if desired.>

SECTION 20. (Divorce, Dissolution of Marriage, or Annulment)
Registration

- (a) A record of each (divorce, dissolution of marriage, or annulment) granted by any court in this State shall be filed by the (clerk of court) with the (Office of Vital Statistics) and shall be registered if it has been completed and filed in accordance with this section. The record shall be prepared by the petitioner or his or her legal representative on a form prescribed and furnished by the State Registrar and shall be presented to the (clerk of court) with the petition. In all cases the completed record shall be prerequisite to the granting of the final decree.
- (b) The (clerk of court) shall complete and forward to the (Office of Vital Statistics) on or before the () day of each calendar month the records of each (divorce, dissolution of marriage, or annulment) decree granted during the preceding calendar month.
- <(c) Provision for a recording fee may be added here if desired.>

SECTION 21. Amendment of Vital Records

- (a) A certificate or report registered under this Act may be amended only in accordance with this Act and regulations adopted by the State Agency to protect the integrity and accuracy of vital records.
- (b) A certificate or report that is amended under this section shall be marked "Amended," except as otherwise provided in this section. The date of amendment and a summary description of the evidence submitted in support of the amendment shall be endorsed on or made a part of the record. The State Agency shall prescribe by regulation the conditions under which additions or minor corrections may be made to certificates or records within one year after the date of the event without the certificate or record being marked "Amended."
- (c) Upon written request of both parents and receipt of a sworn acknowledgment of paternity signed by both parents of a child born out of wedlock, the State Registrar shall amend the certificate of birth to show such paternity if paternity is not already shown on the certificate of birth. Such certificate shall not be marked "Amended."
- (d) Upon receipt of a certified copy of an order of (a court of competent jurisdiction) changing the name of a person born in this State and upon request of such person or his or her parents, guardian, or legal representative, the State Registrar shall amend the certificate of birth to show the new name.

- (e) Upon receipt of a certified copy of an order of (a court of competent jurisdiction) indicating the sex of an individual born in this State has been changed by surgical procedure and that such individual's name has been changed, the certificate of birth of such individual shall be amended as prescribed by regulation.
- (f) When an applicant does not submit the minimum documentation required in the regulations for amending a vital record or when the State Registrar has reasonable cause to question the validity or adequacy of the applicant's sworn statements or the documentary evidence, and if the deficiencies are not corrected, the State Registrar shall not amend the vital record and shall advise the applicant of the reason for this action and shall further advise the applicant of the right of appeal to (a court of competent jurisdiction).
- (g) When a certificate or report is amended under this section, the State Registrar shall report the amendment to any other custodians of the vital record and their record shall be amended accordingly.

SECTION 22. Reproduction of Vital Records

To preserve vital records, the State Registrar is authorized to prepare typewritten, photographic, electronic, or other reproductions of certificates or reports in the (Office of Vital Statistics). Such reproductions when certified by the State Registrar shall be accepted as the original records. The documents from which permanent reproductions have been made and verified may be disposed of as provided by regulation.

SECTION 23. Disclosure of Information from Vital Records

- (a) To protect the integrity of vital records, to insure their proper use, and to insure the efficient and proper administration of the system of vital statistics, it shall be unlawful for any person to permit inspection of, or to disclose information contained in vital records or to copy or issue a copy of all or part of any such record except as authorized by this Act and by regulation or by order of (a court of competent jurisdiction.) Regulations adopted under this section shall provide for adequate standards of security and confidentiality of vital records.
- (b) The State Agency may authorize by regulation the disclosure of information contained in vital records for research purposes.
- (c) Appeals from decisions of custodians of vital records, as designated under authority of Section 5(b), who refuse to disclose information, or to permit inspection or copying of records as prescribed by this section and regulations issued hereunder, shall be made to the State Registrar whose decisions shall be binding upon such custodians.

- (d) When 100 years have elapsed after the date of birth, or 50 years have elapsed after the date of death, marriage, or (divorce, dissolution of marriage, or annulment), the records of these events in the custody of the State Registrar shall become public records and information shall be made available in accordance with regulations which shall provide for the continued safekeeping of the records.

SECTION 24. Copies or Data from the System of Vital Statistics

In accordance with Section 23 of this Act and the regulations adopted pursuant thereto:

- (a) The State Registrar (and other custodian(s) of vital records authorized by the State Registrar to issue certified copies) shall upon receipt of a written application issue a certified copy of a vital record in his or her custody or a part thereof to any applicant having a direct and tangible interest in the vital record. Each copy issued shall show the date of registration and copies issued from records marked "Delayed" or "Amended" shall be similarly marked and show the effective date. The documentary evidence used to establish a delayed certificate shall be shown on all copies issued. All forms and procedures used in the issuance of certified copies of vital records in the State shall be provided or approved by the State Registrar.
- (b) A certified copy of a vital record or any part thereof, issued in accordance with subsection (a), shall be considered for all purposes the same as the original and shall be prima facie evidence of the facts stated therein, provided that the evidentiary value of a certificate or record filed more than one year after the event, or a record which has been amended, shall be determined by the judicial or administrative body or official before whom the certificate is offered as evidence.
- (c) The Federal agency responsible for national vital statistics may be furnished such copies or data from the system of vital statistics as it may require for national statistics, provided such Federal agency share in the cost of collecting, processing, and transmitting such data, and provided further that such data shall not be used for other than statistical purposes by the Federal agency unless so authorized by the State Registrar.
- (d) Federal, State, local and other public or private agencies may, upon request, be furnished copies or data from the system of vital statistics for statistical or administrative purposes upon such terms or conditions as may be prescribed by regulation, provided that such copies or data shall not be used for purposes other than those for which they were requested unless so authorized by the State Registrar.

- (e) The State Registrar may, by agreement, transmit copies of records and other reports required by this Act to offices of vital statistics outside this State when such records or other reports relate to residents of those jurisdictions or persons born in those jurisdictions. The agreement shall require that the copies be used for statistical and administrative purposes only and the agreement shall further provide for the retention and disposition of such copies. Copies received by the (Office of Vital Statistics) from offices of vital statistics in other States shall be handled in the same manner as prescribed in this section.
- (f) No person shall prepare or issue any certificate which purports to be an original, certified copy, or copy of a vital record except as authorized in this Act or regulations adopted hereunder.

SECTION 25. Fees for Copies and Searches

- (a) The State Agency shall prescribe by regulation the fees to be paid for certified copies of certificates or records, or for a search of the files or records when no copy is made, or for copies or information provided for research, statistical, or administrative purposes.
- (b) Fees collected under this section by the State Registrar shall be deposited in the (general fund, special vital statistics fund) of this State, according to the procedures established by (the laws governing collection, the State Treasurer).

SECTION 26. Persons Required to Keep Records

- (a) Every person in charge of an institution shall keep a record of personal data concerning each person admitted or confined to such institution. This record shall include such information as required for the certificates of birth and death and the reports of spontaneous fetal death and induced termination of pregnancy required by this Act. The record shall be made at the time of admission from information provided by the person being admitted or confined, but when it cannot be so obtained, the information shall be obtained from relatives or other persons acquainted with the facts. The name and address of the person providing the information shall be a part of the record.
- (b) When a dead body or dead fetus is released or disposed of by an institution, the person in charge of the institution shall keep a record showing the name of the decedent, date of death, name and address of the person to whom the body or fetus is released, and the date of removal from the institution. If final disposition is made by the institution, the date, place, and manner of disposition shall also be recorded.

- (c) A funeral director, embalmer, sexton, or other person who removes from the place of death, transports, or makes final disposition of a dead body or fetus, in addition to filing any certificate or other report required by this Act or regulations promulgated hereunder, shall keep a record which shall identify the body, and such information pertaining to his or her receipt, removal, delivery, burial, or cremation of such body as may be required by regulations adopted by the State Agency.
- (d) Records maintained under this section shall be retained for a period of not less than () years and shall be made available for inspection by the State Registrar or his or her representative upon demand.

SECTION 27. Duties to Furnish Information

- (a) Any person having knowledge of the facts shall furnish such information as he or she may possess regarding any birth, death, spontaneous fetal death, induced termination of pregnancy, marriage, or (divorce, dissolution of marriage, or annulment), upon demand of the State Registrar.
- <(b) Not later than the tenth day of the month following the month of occurrence, the administrator of each institution shall send to the (Office of Vital Statistics) a list showing all births and deaths occurring in that institution during the preceding month. Such lists shall be on forms provided by the State Registrar.>
- <(c) Not later than the tenth day of the month following the month of occurrence, each funeral director shall send to the (Office of Vital Statistics) a list showing all dead bodies embalmed or otherwise prepared for final disposition or dead bodies finally disposed of by the funeral director during the preceding month. Such list shall be made on forms provided by the State Registrar.>

SECTION 28. Matching of Birth and Death Certificates

To protect the integrity of vital records and to prevent the fraudulent use of birth certificates of deceased persons, the State Registrar is hereby authorized to match birth and death certificates, in accordance with written standards promulgated by the State Registrar to prove beyond a reasonable doubt the fact of death, and to post the facts of death to the appropriate birth certificate. Copies issued from birth certificates marked deceased shall be similarly marked.

SECTION 29. Penalties

- (a) A fine of not more than \$10,000 or imprisonment of not more than five years, or both, shall be imposed on:
- (1) Any person who willfully and knowingly makes any false statement in a certificate, record, or report required by this Act, or in an application for an amendment thereof, or in an application for a certified copy of a vital record, or who willfully and knowingly supplies false information intending that such information be used in the preparation of any such report, record, or certificate, or amendment thereof; or
 - (2) Any person who without lawful authority and with the intent to deceive, makes, counterfeits, alters, amends, or mutilates any certificate, record, or report required by this Act or a certified copy of such certificate, record, or report; or
 - (3) Any person who willfully and knowingly obtains, possesses, uses, sells, furnishes, or attempts to obtain, possess, use, sell, or furnish to another, for any purpose of deception, any certificate, record, or report required by this Act or certified copy thereof so made, counterfeited, altered, amended, or mutilated, or which is false in whole or in part or which relates to the birth of another person, whether living or deceased; or
 - (4) Any employee of the (Office of Vital Statistics or any office designated under Section 5 (b)) who willfully and knowingly furnishes or processes a certificate of birth, or certified copy of a certificate of birth, with the knowledge or intention that it be used for the purposes of deception; or
 - (5) Any person who without lawful authority possesses any certificate, record, or report, required by this Act or a copy or certified copy of such certificate, record, or report knowing same to have been stolen or otherwise unlawfully obtained.
- (b) A fine of not more than \$1,000 or imprisonment of not more than one year, or both, shall be imposed on:
- (1) Any person who willfully and knowingly refuses to provide information required by this Act or regulations adopted hereunder; or

- (2) Any person who willfully and knowingly transports or accepts for transportation, interment, or other disposition a dead body without an accompanying permit as provided in this Act; or
- (3) Any person who willfully and knowingly neglects or violates any of the provisions of this Act or refuses to perform any of the duties imposed upon him or her by this Act.

SECTION 30. Applicability

The provisions of this Act also apply to all certificates of birth, death, marriage, and reports of (divorce, dissolution of marriage, or annulment), spontaneous fetal death, and induced termination of pregnancy previously received by the (Office of Vital Statistics) and in the custody of the State Registrar or any other (custodian of vital records).

SECTION 31. Severability

If any provision of this Act (or the application thereof to any person or circumstances) is held invalid, such invalidity shall not affect other provisions or applications of the Act which can be given effect without the invalid provision or application, and to this end the provisions of the Act are declared to be severable.

SECTION 32. Uniformity of Interpretation

This Act shall be so construed as to effectuate its general purpose to make uniform the laws of those States which enact it.

SECTION 33. Short Title

This Act may be cited as the "Vital Statistics Act."

SECTION 34. Repeal

(Section ___ and Section ___, ___ Laws of ___ are hereby repealed; and) all other laws or parts of laws which are inconsistent with the provisions of this Act are hereby repealed.

SECTION 35. Time of Taking Effect

This Act shall take effect.



Model State Vital Statistics Regulations

To be used in conjunction with
the 1977 revision of the
Model State Vital Statistics Act

This set of Model State Vital Statistics Regulations has been developed to supplement the Model State Vital Statistics Act of 1977 and to serve as a more detailed guide to State and local registration officials who administer the vital statistics system of the United States.

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NOTE

Where the need for variation was apparent, parantheses,
 "()," have been placed around the word----()

In cases where recommendations were considered optional,
 wording was placed in -----< >

MODEL STATE VITAL STATISTICS REGULATIONS

REGULATION 1. Duties of State Registrar
(Authorization: Section 5 of the Model Act)

Regulation 1.1 Forms

All forms, certificates, and reports used in the system of vital statistics are the property of the (State public health administrative agency)-hereinafter referred to as "State Agency"-and shall be surrendered to the State Registrar of Vital Statistics-hereinafter referred to as "State Registrar"-upon demand. The forms prescribed and distributed by the State Registrar for reporting vital statistics shall be used only for official purposes. Only those forms furnished or approved by the State Registrar shall be used in the reporting of vital statistics or in making copies thereof.

Regulation 1.2 Requirements for Preparation of Certificates

All certificates and records relating to vital statistics must either be prepared on a typewriter with a black ribbon or printed legibly in black, unfading ink. All signatures required shall be entered in black, unfading ink. Unless otherwise directed by the State Registrar, no certificate shall be complete and correct and acceptable for registration:

- (a) That does not have the certifier's name typed or printed legibly under his or her signature;
- (b) That does not supply all items of information called for thereon or satisfactorily account for their omission;
- (c) That contains alterations or erasures;
- (d) That does not contain handwritten signatures as required;
- (e) That is marked "copy" or "duplicate";
- (f) That is a carbon copy;
- (g) That is prepared on an improper form;
- (h) That contains improper or inconsistent data;
- (i) That contains an indefinite cause of death which denotes only symptoms of disease or conditions resulting from disease;
- (j) That is not prepared in conformity with regulations or instructions issued by the State Registrar.

Regulation 1.3 Designation of Additional Offices

The State Registrar shall determine whether offices other than the (Office of Vital Statistics) are needed in this State to aid in the efficient administration of the system of vital statistics. Such determination shall be based on an evaluation of the most efficient method to meet the needs of the people of this State with respect to the establishment and operation of the system of vital statistics.

If the State Registrar determines that additional offices are necessary, such offices shall be designated with the approval of the State Agency. The duties and responsibilities may be assigned to currently existing offices or special branch offices of the (Office of Vital Statistics) may be established in those areas where they are deemed necessary, or a combination of existing offices and branch offices may be used. In all cases where existing offices are utilized, the employees of such offices shall be subject to the control of the State Registrar when they are performing functions relating to the system of vital statistics.

The State Registrar shall delegate such duties and responsibilities to such offices as he deems necessary to insure the efficient operation of the system of vital statistics. These may include any or all of the following:

- (a) The receipt and processing of birth, death, and spontaneous fetal death records. This would include the receipt of these records from the person responsible for filing the record, checking them for accuracy and completeness, and forwarding them to the (Office of Vital Statistics) at intervals prescribed by the State Registrar.
- (b) Issuance of certified copies of birth and/or death records. The records from which the certified copies are issued shall be provided by the (Office of Vital Statistics). All forms and procedures used to issue the copies shall be provided or approved by the State Registrar. If it is deemed appropriate and feasible, any such office may be provided access to all birth and/or death records filed in this State.
- (c) Acting as the agent of the State Registrar in their designated area and providing assistance to physicians, hospitals, funeral directors, and others in matters related to the system of vital statistics.

The State Registrar, with the approval of the State Agency, shall determine the responsibilities and duties of each office independently.

REGULATION 2. Infants of Unknown Parentage; Foundling Registration
(Authorization: Section 8 of the Model Act)

The report for an infant of unknown parentage shall be registered on a regular certificate of live birth and shall:

- (a) Have "foundling" plainly marked in the top margin of the certificate;
- (b) Show the required facts as determined by approximation and have parentage data left blank;
- (c) Show the signature and title of the custodian in lieu of the attendant.

When a report has been placed in a special file as provided by (Section 8(d) of the Model Act), the State Registrar may inspect such information for purposes of properly administering the vital statistics program.

REGULATION 3. Delayed Registration of Birth
(Authorization: Section 9 of the Model Act)

Regulation 3.1 Registration - Five Days to One Year

Certificates of birth filed after five days, but within one year from the date of birth, shall be registered on the standard form of live birth certificate in the manner prescribed in (Section 7 of the Model Act). Such certificate shall not be marked "Delayed."

In any case where the certificate is signed by someone other than the attendant or person in charge of the institution where birth occurred, a notarized statement setting forth the reason therefor must be attached to the certificate. The State Registrar may require additional evidence in support of the facts of birth and/or an explanation of why the certificate of birth was not filed within the required five days.

Regulation 3.2 Delayed Certificate of Birth Form

All certificates registered one year or more after the date of birth are to be registered on a delayed certificate of birth form prescribed by the State Registrar.

Regulation 3.3 Who May Request the Registration of and Sign a Delayed Certificate of Birth

Any person born in this State whose birth is not recorded in this State, or his parent, guardian, next of kin, or older person acting for the registrant and having personal knowledge of the facts of birth may request the registration of a delayed certificate of birth, subject to these regulations and instructions issued by the State Registrar.

Each delayed certificate of birth shall be signed and sworn to before an official authorized to administer oaths by the person whose birth is to be registered if such person is 18 years of age or over and is competent to sign and swear to the accuracy of the facts stated therein; otherwise the certificate shall be signed and sworn to by one of the following in the indicated order of priority:

- (a) One of the parents of the registrant, or
- (b) The guardian of the registrant, or
- (c) The next of kin of the registrant, or
- (d) Any older person having personal knowledge of the facts of birth.

Regulation 3.4 Facts to be Established for a Delayed Registration of Birth

The minimum facts which must be established by documentary evidence shall be the following:

- (a) The full name of the person at the time of birth;
- (b) The date of birth and place of birth;
- (c) The full maiden name of the mother;
- (d) The full name of the father; except that if the mother was not married either at the time of conception or birth the name of the father shall not be entered on the delayed certificate except as provided in Regulation 3.5.

Regulation 3.5 Delayed Registration Following a Legal Change of Status

When evidence is presented reflecting a legal change of status by adoption, legitimation, paternity determination, or acknowledgment of paternity, a new delayed certificate may be established to reflect such change.

The existing certificate and the evidence upon which the new certificate was based shall be placed in a special file. Such file shall not be subject to inspection except upon order of (a court of competent jurisdiction) or by the State Registrar for purposes of properly administering the vital statistics program.

Regulation 3.6 Documentary Evidence - Requirements

To be acceptable for filing, the name of the registrant and the date and place of birth entered on a delayed certificate of birth shall be supported by at least:

- (a) Two pieces of documentary evidence, only one of which may be an affidavit of personal knowledge, if the record is filed within seven years after the date of birth.
- (b) Three pieces of documentary evidence, only one of which may be an affidavit of personal knowledge, if the record is filed seven years or more after the date of birth.

Facts of parentage shall be supported by at least one document which may be one of the documents above other than an affidavit of personal knowledge.

Regulation 3.7 Documentary Evidence - Acceptability

The State Registrar may establish a priority of best evidence.

Documents presented, such as census, hospital, church, and school records, must be from independent sources and shall be in the form of the original record or a duly certified copy thereof or a signed statement from the custodian of the record or document.

All documents submitted in evidence, other than an affidavit of personal knowledge, must have been established at least ten years prior to the date of application or have been established prior to the applicant's tenth birthday.

An affidavit of personal knowledge, to be acceptable, must be prepared by one of the parents, other relative, or any older person and must be signed before an official authorized to administer oaths. In all cases, the affiant must be at least ten years older than the applicant and have personal knowledge of the facts of birth.

Regulation 3.8 Abstraction of Documentary Evidence

The State Registrar, or his or her designated representative, shall abstract on the delayed certificate of birth a description of each document submitted to support the facts shown on the delayed birth certificate. This description shall include:

- (a) The title or description of the document;
- (b) The name and address of the affiant, if the document is an affidavit of personal knowledge, or of the custodian, if the document is an original or certified copy of a record or a signed statement from the custodian;
- (c) The date of the original filing of the document being abstracted;
- (d) The information regarding the birth facts contained in the document.

All documents submitted in support of the delayed birth registration shall be returned to the applicant after review.

Regulation 3.9 Certification by the State Registrar

The State Registrar, or his or her designated representative, shall, by signature, certify:

- (a) That no prior birth certificate is on file for the person whose birth is to be recorded;
- (b) That he or she has reviewed the evidence submitted to establish the facts of birth;
- (c) That the abstract of the evidence appearing on the delayed certificate of birth accurately reflects the nature and content of the document.

Regulation 3.10 Dismissal After One Year

Applications for delayed certificates which have not been completed within one year from the date of application may be dismissed at the discretion of the State Registrar. Upon dismissal, the State Registrar shall so advise the applicant and all documents submitted in support of such registration shall be returned to the applicant.

REGULATION 4. New Certificates of Birth Following Adoption, Legitimation, Paternity Determination, and Paternity Acknowledgement
(Authorization: Section 12 of the Model Act)

Regulation 4.1 Legitimation

If the natural parents marry after the birth of a child, a new certificate of birth shall be prepared by the State Registrar for a child born in this State upon receipt of a sworn acknowledgement of paternity signed by the natural parents of said child together with a certified copy of the parents' marriage record. However, if another man is shown as the father of the child on the original certificate, a new certificate may be prepared only when a determination of paternity is made by (a court of competent jurisdiction), or following adoption.

Regulation 4.2 Determination of Paternity

A new certificate of birth shall be prepared by the State Registrar for a child born in this State upon receipt of a certified copy of a court determination of paternity, together with a request from the natural mother or person having legal custody of said child that such new certificate be prepared. If the surname of the child is not decreed by the court, the request for the new certificate shall specify the surname to be placed on the certificate.

Regulation 4.3 Acknowledgement of Paternity

A new certificate of birth shall be prepared by the State Registrar for a child born out of wedlock in this State upon receipt of a sworn acknowledgement of paternity signed by both parents and a written request by both parents that the child's surname be changed on the certificate to that of the father. However, if another man is shown as the father of the child on the original certificate, a new certificate may be prepared only when a determination of paternity is made by (a court of competent jurisdiction), or following adoption.

Regulation 4.4 New Certificate

The new certificate of birth prepared after adoption, legitimation, determination of paternity, or acknowledgement of paternity shall be on the form in use at the time of its preparation and shall include the following items and such other information necessary to complete the certificate:

- (a) The name of the child;
- (b) The date and place of birth as transcribed from the original certificate;
- (c) The names and personal particulars of the adoptive parents or of the natural parents whichever is appropriate;
- (d) The name of the attendant, printed or typed;
- (e) The birth number assigned to the original birth certificate;
- (f) The original filing date.

The information necessary to locate the existing certificate and to complete the new certificate shall be submitted to the State Registrar on forms prescribed or approved by him or her.

Regulation 4.5 Existing Certificate to Be Placed in a Special File

After preparation of the new certificate, the existing certificate and the evidence upon which the new certificate was based are to be placed in a special file. Such file shall not be subject to inspection except upon order of (a court of competent jurisdiction) or by the State Registrar for purposes of properly administering the vital statistics program.

REGULATION 5. Death Registration (Authorization: Section 13 of the Model Act)

Regulation 5.1 Acceptance of Incomplete Death Certificate

If all the information necessary to complete a death certificate is not available within the time prescribed for filing of the

certificate, the funeral director shall file the certificate completed with all information that is available. In all cases the medical certification must be signed by the person responsible for such certification. If the cause of death is unknown or undetermined, the cause of death shall be shown as such on the certificate. The person signing the medical certification of cause of death also shall sign the authorization for final disposition of the body.

A supplemental report providing the information missing from the original certificate shall be filed with the State Registrar as soon as possible, but in all cases within 30 days of the date the death occurred.

The supplemental report shall be made a part of the existing death certificate. Such report shall be considered an amendment, and the death certificate shall be marked "Amended."

Regulation 5.2 Hospital or Institution May Assist in Preparation of Certificate

When a death occurs in a hospital or other institution and the death is not under the jurisdiction of the (medical examiner, coroner), the person in charge of such institution, or his or her designated representative, may initiate the preparation of the death certificate as follows:

- (a) Place the full name of the decedent and the date and place of death on the death certificate and obtain from the attending physician the medical certification of cause of death and the physician's signature;
- (b) Present the partially completed death certificate to the funeral director or person acting as such.

REGULATION 6. Delayed Registration of Death
(Authorization: Section 14 of the Model Act)

The registration of a death after the time prescribed by statute and regulations shall be registered on the regular certificate of death form in the manner prescribed below:

- (a) If the attending physician or (medical examiner, coroner) at the time of death and the attending funeral director or person who acted as such are available to complete and sign the certificate of death, it may be completed without additional evidence and filed with the State Registrar. For those certificates filed one year or more after the date of death, the physician or (medical examiner, coroner) and the funeral director or person who acted as such must state in accompanying affidavits that the information on the certificate is based on records kept in their files.

(b) In the absence of the attending physician or (medical examiner, coroner) and the funeral director or person who acted as such, the certificate may be filed by the next of kin of the decedent and shall be accompanied by:

- (1) An affidavit of the person filing the certificate swearing to the accuracy of the information on the certificate;
- (2) Two documents which identify the decedent and his or her date and place of death.

In all cases, the State Registrar may require additional documentary evidence to prove the facts of death.

A summary statement of the evidence submitted in support of the delayed registration shall be endorsed on the certificate.

REGULATION 7. Disposition of Reports of Spontaneous Fetal Death and Induced Termination of Pregnancy
(Authorization: Section 17 of the Model Act)

Reports of spontaneous fetal death and reports of induced termination of pregnancy are statistical reports only and are not to be incorporated into the official records of the (Office of Vital Statistics). The State Registrar is authorized to dispose of such reports when all statistical processing of the records has been accomplished. However, the State Registrar may establish a file of such records so they will be available for future statistical and research projects provided such file is not made a part of the official records and the reports are not made available for the issuance of certified copies. Such file shall be retained for as long as the State Registrar deems necessary and it shall then be destroyed. The file may be maintained by photographic, electronic, or other means as determined by the State Registrar, in which case the original report from which the photographic, electronic, or other file was made shall be destroyed.

The provisions of this regulation shall also apply to all records of spontaneous fetal death or induced termination of pregnancy filed prior to the adoption of this regulation.

REGULATION 8. Authorization for Final Disposition
(Authorization: Section 18 of the Model Act)

Regulation 8.1 Removal of Body

Before removing a dead body or fetus from the place of death, the funeral director or person acting as such shall:

- (a) Obtain assurance from the attending physician that death is from natural causes and that the physician will assume responsibility for certifying to the cause of death or fetal death and receive permission to remove the body from the place of death; or
- (b) Notify the (medical examiner, coroner) if the case comes within his or her jurisdiction and obtain authorization to remove the body.

Regulation 8.2 Authorization for Disinterment and Reinterment

An authorization for disinterment and reinterment of a dead body shall be issued by the State Registrar upon receipt of a written application signed by the next of kin and the person who is in charge of the disinterment or upon receipt of an order of (a court of competent jurisdiction) directing such disinterment.

Upon receipt of a court order or signed permission of the next of kin, the State Registrar may issue one authorization to permit disinterment and reinterment of all remains in a mass disinterment provided that, insofar as possible, the remains of each body be identified and the place of disinterment and reinterment specified. The authorization shall be permission for disinterment, transportation, and reinterment.

A dead body properly prepared by an embalmer and deposited in a receiving vault shall not be considered a disinterment when removed from the vault for final disposition.

REGULATION 9. Delayed Registration of Marriage
(Authorization: Section 19 of the Model Act)

The registration of a marriage after the time prescribed by statute shall be made on the regular certificate of marriage form in the manner prescribed below:

- (a) The certificate must be filed with the (appropriate official) where the marriage license was originally issued;

(b) To be acceptable for registration by the State Registrar the delayed certificate of marriage must be supported by:

- (1) A copy of the license or of the application for license if the license was granted.
- (2) A signed statement from the officiant or the custodian of the official record and from one witness to the wedding ceremony proving that a marriage ceremony was performed and the date and place of the marriage.

In all cases, the State Registrar may require additional documentary evidence to prove the facts of marriage.

REGULATION 10. Amendment of Vital Records
(Authorizator: Section 21 of the Model Act)

Regulation 10.1 Amendment of Minor Errors on Birth Certificates
During the First Year

Amendment of obvious errors, transposition of letters in words of common knowledge, or omissions may be made by the State Registrar within the first year after the date of birth either upon his or her own observation or query or upon request of a person with a direct and tangible interest in the certificate as defined in Regulation 12. When such additions or minor amendments are made by the State Registrar, a notation as to the source of the information, together with the date the change was made and the initials of the authorized agent making the change shall be made on the certificate in such a way as not to become a part of any certification issued. The certificate shall not be marked "Amended."

Regulation 10.2 All Other Amendments

Unless otherwise provided in these regulations or in the statute, all other amendments to vital records shall be supported by:

- (a) An affidavit setting forth:
 - (1) Information to identify the certificate;
 - (2) the incorrect data as it is listed on the certificate;
 - (3) the correct data as it should appear.
- (b) One or more items of documentary evidence which support the alleged facts and which were established at least five years prior to the date of application for amendment or within seven years of the date of the event.

The State Registrar shall evaluate the evidence submitted in support of any amendment, and when he or she finds reason to doubt its validity or adequacy the amendment may be rejected and the applicant advised of the reasons for this action.

Regulation 10.3 Who May Apply

- (a) To amend a birth certificate, application may be made by one of the parents, the guardian, the registrant if 18 years of age or over, or the individual responsible for filing the certificate.
- (b) To amend a death certificate, application may be made by the next of kin or the funeral director or person acting as such who signed the death certificate. Applications to amend the medical certification of cause of death shall be made only by the physician who signed the medical certification or the (medical examiner, coroner).
- (c) To amend certificates of marriage and reports of (divorce, dissolution of marriage, or annulment), a signed statement must be received from the custodian of the official record from which the report or certificate was prepared, stating in what manner such record has been amended. Those items appearing on the (divorce, dissolution of marriage, or annulment) record which are not a part of the (divorce, dissolution of marriage, or annulment) decree may be amended either upon query by the State Registrar or applicator of the parties to the (divorce, dissolution of marriage, or annulment), or their legal representatives.

Regulation 10.4 Amendment of Registrant's Given Names on Birth Certificates Within the First Year

Until the registrant's first birthday, given names may be amended upon written request of:

- (a) Both parents, or
- (b) The mother in the case of a child born out of wedlock, or
- (c) The father in the case of the death or incapacity of the mother, or
- (d) The mother in the case of the death or incapacity of the father, or
- (e) The guardian or agency having legal custody of the registrant.

After one year from the date of birth the provisions of Regulation 10.2 must be followed to amend a given name if the name was entered incorrectly on the birth certificate. A legal change of name order must be submitted from (a court of competent jurisdiction) to change a given name after one year.

Regulation 10.5 Addition of Given Names on Birth Certificates

Until the registrant's seventh birthday, given names, for a child whose birth was recorded without given names, may be added to the certificate upon written request of:

- (a) Both parents, or
- (b) The mother in the case of a child born out of wedlock, or
- (c) The father in the case of the death or incapacity of the mother, or
- (d) The mother in the case of the death or incapacity of the father, or
- (e) The guardian or agency having legal custody of the registrant.

After seven years the provisions of Regulation 10.2 must be followed to add a given name.

Regulation 10.6 Medical Items

All items of a medical nature may be amended only upon receipt of a signed statement from those persons responsible for the completion of such items. The State Registrar may require documentary evidence to substantiate the requested amendment.

Regulation 10.7 Amendment of the Same Item More than Once

Once an amendment of an item is made on a vital record, that item shall not be amended again except upon receipt of a court order from (a court of competent jurisdiction).

Regulation 10.8 Methods of Amending Certificates

Certificates of birth, death, and marriage and reports of (divorce, dissolution of marriage, or annulment) may be amended by the State Registrar in the following manner:

- (a) Preparing a new certificate showing the correct information when the State Registrar deems that the nature of the amendment so requires.

The new certificate shall be prepared on the form used for registering current events at the time of amendment. Except as provided elsewhere in these regulations, the item number of the entry that was amended shall be identified on the new certificate.

In all cases, the new certificate shall show the date the amendment was made and be given the same State file number as the existing certificate. Signatures appearing on the existing certificate shall be typed on the new certificate.

- (b) Completing the item in any case where the item was left blank on the existing certificate.
- (c) Drawing a single line through the item to be amended and inserting the correct data immediately above or to the side thereof. The line drawn through the original entry shall not obliterate such entry.
- (d) Completing a special form for attachment to the original record. Such form shall include the incorrect information as it appears on the original certificate, the correct information as it should appear, an abstract of the documentation used to support the amendment, and sufficient information about the registrant to link the special form to the original record. When a copy of the original record is issued, a copy of the amendment must be attached.
- (e) A certificate of birth amended pursuant to the provisions of (Section 21(e) of the Model Act) shall be amended by preparing a new certificate. The item numbers of the entries that were amended shall not, however, be identified on the new certificate or on any certified copies that may be issued of that certificate.

In all cases, there shall be inserted on the certificate a statement identifying the affidavit and documentary evidence used as proof of the correct facts, the date the amendment was made, and the initials of the person making the change. As required by statute or regulation, the certificate shall be marked "Amended."

REGULATION 11. Record Preservation
(Authorizator: Section 22 of the Model Act)

When an authorized reproduction of a vital record has been properly prepared by the State Registrar and when all steps have been taken to insure the continued preservation of the information, the record from which such authorized reproduction was made may be disposed of by the State Registrar. Such record may not be disposed of, however, until the quality of the authorized reproduction has been tested to insure that acceptable certified copies can be issued and until a security copy of such document has been placed in a secure location removed from the building where the authorized reproduction is housed.

The State Registrar shall offer the original documents from which the authorized reproductions are made to the (State Archival Authority). The (State Archival Authority) may be allowed to retain permanently such records provided they adhere to the restrictions in the vital statistics law related to access to such records. If the (State Archival Authority) does not wish to place such records in their files the State Registrar shall be authorized to destroy the documents. Such destruction shall be by approved methods for disposition of confidential or sensitive documents.

REGULATION 12. Disclosure of Records
(Authorizator: Section 23 of the Model Act)

To protect the integrity of vital records:

- (a) The State Registrar or other custodians of vital records shall not permit inspection of, or disclose information contained in vital statistics records, or copy or issue a copy of all or part of any such record unless he or she is satisfied that the applicant has a direct and tangible interest in such record.
 - (1) The registrant, a member of his or her immediate family, his or her guardian, or their respective legal representatives shall be considered to have a direct and tangible interest. Others may demonstrate a direct and tangible interest when information is needed for determination or protection of a personal or property right.
 - (2) The term "legal representative" shall include an attorney, physician, funeral director, or other authorized agent acting in behalf of the registrant or his or her family.
 - (3) The natural parents of adopted children, when neither has custody, and commercial firms or agencies requesting listings of names and addresses shall not be considered to have a direct and tangible interest.
- (b) The State Registrar may permit the use of data from vital statistics records for statistical or research purposes, subject to such conditions as the State Registrar may impose. No data shall be furnished from records for research purposes until the State Registrar has prepared, in writing, the conditions under which the records or data will be used and received an agreement signed by a responsible agent of the research organization agreeing to meet with and conform to such conditions.

- (c) The State Registrar or the local custodian may disclose data from vital statistics records to Federal, State, county, or municipal agencies of government which request such data in the conduct of their official duties.
- (d) Information from vital statistics records indicating a birth occurred out of wedlock may be disclosed only if it can be shown that disclosure of the information will be of benefit to the registrant.
- (e) The State Registrar or local custodian shall not issue a certified copy of a record until a signed application has been received from the applicant. Whenever it shall be deemed necessary to establish an applicants right to information from a vital record, the State Registrar or local custodian may also require identification of the applicant or a sworn statement.
- (f) Nothing in this Regulation shall be construed to permit disclosure of information contained in the "Information for Medical and Health Use Only" section of the birth certificate or the "Information for Statistical Purposes Only" section of the certificate of marriage or report of (divorce, dissolution of marriage, or annulment) unless specifically authorized by the State Registrar for statistical or research purposes or if authorized by (a court of competent jurisdiction).
- (g) When 100 years have elapsed after the date of birth or 50 years have elapsed after the date of death, marriage, or (divorce, dissolution of marriage, or annulment), such records in the custody of the State Registrar shall become public records and any person may obtain copies of such records, upon submission of an application containing sufficient information to locate the record. For each copy issued or search of the files made, the State Registrar shall collect the same fee as is charged for the issuance of certified copies or a search of the files for other records in his or her possessor.

<The State Registrar shall establish a public room where copies of these public records will be made available for viewing. Such records will be made available in photographic or other suitable format and adequate facilities for viewing will be provided. Each person using this facility will be charged a fee of _____ per hour or fraction thereof.>

REGULATION 13. Copies of Data from Vital Records
(Authorization: Section 24 of the Model Act)

- (a) Full or short form certified copies of vital records may be made by mechanical, electronic, or other reproductive processes, except that the information contained in the "Information for Medical and Health Use Only" section of the birth certificate or the "Information for Statistical Purposes Only" section of the certificate of marriage and report of (divorce, dissolution of marriage, or annulment) shall not be included.
- (b) When a certified copy is issued, each certification shall be certified as a true copy by the officer in whose custody the record is entrusted and shall include the date issued, the name of the issuing officer, the registrar's signature or an authorized facsimile thereof, and the seal of the issuing office.
- (c) Confidential verification of the facts contained in a vital record may be furnished by the State Registrar to any Federal, State, County, or municipal government agency or to any other agency representing the interest of the registrant, subject to the limitations as indicated in (a) above. Such confidential verifications shall be on forms prescribed and furnished by the State Registrar or on forms furnished by the requesting agency and acceptable to the State Registrar; or, the State Registrar may authorize the verification in other ways when it shall prove in the best interests of his or her office.
- (d) When the State Registrar finds evidence that a certificate was registered through misrepresentation or fraud, he or she shall have authority to withhold the issuance of a certified copy of such certificate until a court determination of the facts has been made.

REGULATION 14. Fees for Copies and Searches
(Authorization: Section 25 of the Model Act)

No certified copy shall be issued until the fee for such copy is received unless specific approval has been obtained from the State Registrar or otherwise provided for by statute or regulation.

For the issuance of a full certified copy or short form or birth card certification of a vital record, the fee shall be _____ per copy. For each search of the files when no record is found or no copy is made, the fee shall be _____. For statistical research purposes, the State Registrar shall determine the fee for such services on the basis of the costs of providing such services and determine the manner in which such costs must be paid.

REGULATION 15. Persons Required to Keep Records
(Authorization: Section 26 of the Model Act)

Each funeral director shall keep a record containing, as a minimum, the following information about each dead body or fetus the funeral director handles:

- (a) The date, place, and time of receipt;
- (b) The date, place, and manner of disposition;
- (c) If the dead body or fetus is delivered to another funeral director, the date of such delivery and the name and address of the funeral director to whom delivered;
- (d) The items required by the certificate of death for those deaths for which the funeral director was required to file the certificate.

REGULATION 16. Matching of Birth and Death Certificates
(Authorization: Section 28 of the Model Act)

When carrying out the birth and death matching program, the State Registrar shall establish written guidelines which provide the standards for determining a match does exist. These standards shall specify the information about the decedent which must be available and which must be compared to the information on the birth certificate before a match can be made. These items shall include as a minimum: name of decedent; name of father and maiden name of mother; date of birth or age of decedent; State of birth of decedent; and marital status of decedent. No match shall be made unless there is documented proof of the fact of death.

The date of death, the State where death occurred, and the death certificate number shall be posted to the birth certificate.

Modifications to Model State Vital Statistics Act to Provide for Filing Birth Certificate for Foreign-Born Children in the State Where They Are Adopted

SECTION 11. Court Reports of Adoption

- (a) For each adoption decreed by (a court of competent jurisdiction) in this State, the court shall require the preparation of a report of adoption on a form prescribed and furnished by the State Registrar. The report shall include such facts as are necessary to locate and identify the certificate of birth of the person adopted or, in the case of a person who was born in a foreign country, evidence from sources determined to be reliable by the court as to the date and place of birth of such person; shall provide information necessary to establish a new certificate of birth of the person adopted; and shall identify the order of adoption and be certified by the clerk of court.
- (b) Information necessary to prepare the report of adoption shall be furnished by each petitioner for adoption or his attorney. The (social, welfare agency) or any person having knowledge of the facts shall supply the court with such additional information as may be necessary to complete the report. The provision of such information shall be prerequisite to the issuance of a final decree in the matter by the court.
- (c) Whenever an adoption decree is amended or annulled, the clerk of the court shall prepare a report thereof, which shall include such facts as are necessary to identify the original adoption report and the facts amended in the adoption decree as shall be necessary to properly amend the birth record.

NEW WORDING UNDERLINED

- (d) Not later than the () day of each calendar month or more frequently, as directed by the State Registrar, the clerk of the court shall forward to the State Registrar reports of decrees of adoption, annulment of adoption and amendments of decrees of adoption which were entered in the preceding month, together with such related reports as the State Registrar shall require.
- (e) When the State Registrar shall receive a report of adoption, annulment of adoption, or amendment of a decree of adoption for a person born outside this State, he or she shall forward such report to the State Registrar in the State of birth. If the birth occurred in a foreign country, and the child was not a citizen of the United States at the time of birth, the report of adoption shall be returned to the attorney or agency handling the adoption for submission to the appropriate Federal agency the State Registrar shall prepare a "Certificate of Foreign Birth" as provided by Section 12(g) (1). If the child was born in Canada, the State Registrar shall also send a copy of the report of adoption, annulment of adoption, or amendment of a decree of adoption to the appropriate registration authority in that country.

NEW WORDING UNDERLINED

DELETED WORDING INDICATED BY ---

SECTION 12. New Certificates of Birth Following Adoption,
Legitimation, Paternity Determination, and
Paternity Acknowledgement

- (a) The State Registrar shall establish a new certificate of birth for a person born in this State when he or she receives the following:
- (1) A report of adoption as provided in Section 11 or a report of adoption and filed in accordance with the laws of another State or foreign country, or a certified copy of the decree of adoption, together with the information necessary to identify the original certificate of birth and to establish a new certificate of birth; except that a new certificate of birth shall not be established if so requested by the court decreeing the adoption, the adoptive parents, or the adopted person.
 - (2) A request that a new certificate be established as prescribed by regulation and such evidence as required by regulation proving that such person has been legitimated, or that (a court of competent jurisdiction) has determined the paternity of such a person, or that both parents have acknowledged the paternity of such person and request that the surname be changed to that of the father.

- (b) When a new certificate is established, the actual place and date of birth shall be shown. The new certificate shall be substituted for the original certificate of birth in the files, and the original certificate of birth and the evidence of adoption, legitimation, paternity determination, or paternity acknowledgement shall not be subject to inspection except upon order of (a court of competent jurisdiction) or as provided by regulation.
- (c) Upon receipt of a report of an amended decree of adoption, the certificate of birth shall be amended as provided by regulation.
- (d) Upon receipt of a report or decree of annulment of adoption, the original certificate of birth shall be restored to its place in the files and the new certificate and evidence shall not be subject to inspection except upon order of (a court of competent jurisdiction) or as provided by regulation.
- (e) If no certificate of birth is on file for the person for whom a new birth certificate is to be established under this section, and the date and place of birth have not been determined in the adoption or paternity proceedings, a delayed certificate of birth shall be filed with the State Registrar as provided in Section 9 or Section 10 of this Act before a new certificate of birth is established. The new birth certificate shall be prepared on the delayed birth certificate form.

(f) When a new certificate of birth is established by the State Registrar, all copies of the original certificate of birth in the custody of any other custodian of vital records in this State shall be sealed from inspection or forwarded to the State Registrar, as he or she shall direct.

(g) (1) The State Registrar shall, upon request, prepare and register a certificate in this State for a person born in a foreign country who is not a citizen of the United States and who was adopted through (a court of competent jurisdiction) in this State. The certificate shall be established upon receipt of a report of adoption from the court decreeing the adoption, proof of the date and place of the child's birth, and a request from the court, the adopting parents, or the adopted person if eighteen years of age or over that such a certificate be prepared. Such certificate shall be labeled "Certificate of Foreign Birth" and shall show the actual country of birth. A statement shall also be included on the certificate indicating that it is not evidence of United States citizenship for the child for whom it is issued. After registration of the birth certificate in the new name of the adopted person, the State Registrar shall seal and file the report of adoption which shall not be subject to inspection except upon order of (a court of competent jurisdiction) or as provided by regulation.

(g) (2) If the child was born in a foreign country but was a citizen of the United States at the time of birth, the State Registrar shall not prepare a "Certificate of Foreign Birth" and shall notify the adoptive parents of the procedures for obtaining a revised birth certificate for their child through the U.S. Department of State.

NEW WORDING UNDERLINED

SECTION 24. Copies or Data from the System of Vital Statistics

In accordance with Section 23 of this Act and the regulations adopted pursuant thereto:

- (a) The State Registrar and other custodian(s) of vital records authorized by the State Registrar to issue certified copies shall upon receipt of a written application issue a certified copy of a vital record in his or her custody or a part thereof to any applicant having a direct and tangible interest in the vital record. Each copy issued shall show the date of registration and copies issued from records marked "Delayed" or "Amended" shall be similarly marked and show the effective date. The documentary evidence used to establish a delayed certificate shall be shown on all copies issued. All forms and procedures used in the issuance of certified copies of vital records in the State shall be provided or approved by the State Registrar. Any copy issued of a "Certificate of Foreign Birth" shall indicate this fact and show the actual place of birth and the fact the certificate is not proof of United States citizenship for the adoptive child.
- (b) A certified copy of a vital record or any part thereof, issued in accordance with subsection (a), shall be considered for all purposes the same as the original and shall be prima facie evidence of the facts stated therein, provided that the evidentiary value of a certificate or record filed more than one year after the event, or a

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record which has been amended, or a certificate of foreign birth, shall be determined by the judicial or administrative body or official before whom the certificate is offered as evidence.

- (c) The Federal agency responsible for national vital statistics may be furnished such copies or data from the system of vital statistics as it may require for national statistics, provided such agency share in the cost of collecting, processing, and transmitting such data, and provided further that such data shall not be used for other than statistical purposes by the Federal agency unless so authorized by the State Registrar.
- (d) Federal, State, and local and other public or private agencies may, upon request, be furnished copies or data from the system of vital statistics for statistical or administrative purposes upon such terms or conditions as may be prescribed by regulation, provided that such copies or data shall not be used for purposes other than those for which they were requested unless so authorized by the State Registrar.
- (e) The State Registrar may, by agreement, transmit copies of records and other reports required by this Act to offices of vital statistics outside this State when such records or other reports relate to residents of those jurisdictions or persons born in those jurisdictions. The agreement shall require that the copies be used for statistical and administrative purposes only and the agreement shall further provide for the retention and disposition of such

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copies. Copies received by the (Office of Vital Statistics) from offices of vital statistics in other States shall be handled in the same manner as prescribed in this section.

- (f) No person shall prepare or issue any certificate which purports to be an original, certified copy, or copy of a vital record except as authorized in this Act or regulations adopted hereunder.

Modifications to the Model State Vital Statistics Act to Allow for Both a Pronouncing and a Certifying Physician in Certain Circumstances

SECTION 13. Death Registration

- (a) A certificate of death for each death which occurs in this State shall be filed with the (Office of Vital Statistics), or as otherwise directed by the State Registrar, within five days after death and prior to final disposition, and shall be registered if it has been completed and filed in accordance with this section.
- (1) If the place of death is unknown but the dead body is found in this State, the certificate of death shall be completed and filed in accordance with this section. The place where the body is found shall be shown as the place of death. If the date of death is unknown, it shall be determined by approximation.
- (2) When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this State, the death shall be registered in this State and the place where it is first removed shall be considered as the place of death. When a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in this State, the death shall be registered in this State but the certificate shall show the actual place of death insofar as can be determined.
- (b) The funeral director or person acting as such who first assumes custody of the death body shall file the certificate of death. He or she shall obtain the personal data from the next of kin or the best qualified person or source available and shall obtain the medical certification from the person responsible therefor.
- (c) The medical certification shall be completed, signed, and returned to the funeral director within 48 hours after death by the physician in charge of the patient's care for the illness or condition which resulted in death, except when inquiry is required by the (Post-Mortem Examinations Act). In the absence of said physician or with his or her approval the certificate may be completed and signed by his or her associate physician, the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, provided such individual has access to the medical history of the case, views the deceased at or after death, and death is due to natural causes.

NEW WORDING UNDERLINED

- (d) When death occurs more than (10) days after the decedent was last treated by a physician, the case shall be referred to the (medical examiner, coroner) for investigation to determine and certify the cause of death.
- (e) When inquiry is required by the (Post-Mortem Examinations Act), the (medical examiner, coroner) shall determine the cause of death and shall complete and sign the medical certification within 48 hours after taking charge of the case.
- (f) When death occurs in an institution and the person responsible for the completion of the medical certification is not available to pronounce death, another physician at the institution who views the body may pronounce death, sign the death certificate as pronouncing physician, and, with the permission of the person responsible for the medical certification, release the body to the funeral director.

The funeral director must in all cases obtain the medical certification from the person responsible for its completion within 48 hours after death and prior to final disposition of the body.

- (g) If the cause of death cannot be determined within 48 hours after death, the medical certification shall be completed as provided by regulation. The attending physician or (medical examiner, coroner) shall give the funeral director or person acting as such notice of the reason for the delay, and final disposition of the body shall not be made until authorized by the attending physician or (medical examiner, coroner).
- (h) When a death is presumed to have occurred within this State but the body cannot be located, a death certificate may be prepared by the State Registrar upon receipt of an order of (a court of competent jurisdiction), which shall include the finding of facts required to complete the death certificate. Such a death certificate shall be marked "Presumptive" and shall show on its face the date of registration and shall identify the court and the date of decree.

부록15 : 캐나다 訪問 討議資料(國·英文)

카나다訪問 討議資料

I. 캐나다의 統計制度

1. 貴 統計廳의 Mr. Bela Prigly., Director of the International and Professional Relation Division가 지난해 貴 國의 統計 人力 現況을 보내주시어 우리 業務에 많은 도움이 되었음을 우선 感謝드립니다.
추가하여 부탁드립니다 싶은것은 비밀이 아니라면 統計豫算現況을 알려 주시면 感謝하겠습니다.(統計豫算 및 一般行政豫算으로 구분)
2. 統計發展을 위한 中, 長期 計劃을 樹立하고 있는지? 있다면 그 推進 結果의 評價는 어떻게 하며, 어느정도 성과를 거두었다고 보는지?
3. 現在 作成하고 있는 統計는 몇 種이며 그 中 調査統計와 報告統計로 區分하여 말씀하여 주시기 바랍니다.
4. 各種 統計調査의 調査方法에는 自計式 또는 面接式 調査方法이 있는데 面接式의 경우 調査員에 대한 應答者의 協助는 어느 정도인지?
가령 應答을 拒否하는 경우 어떻게 대처하는지 말씀하여 주시기 바랍니다.
5. 대부분의 國家가 應答者로부터 얻은 個人的 資料는 公開하지 않는 것으로 되어 있는데 貴 國의 경우 "個人的 資料"의 概念과 範圍는 어떻게 정의 하고 있습니까?
6. 地方政府의 統計豫算編成은 어떤 절차에 의하여 審議·確定 되는가?
카나다 統計廳이 그 豫算審議에 관여 하는지?
7. 統計業務從事者의 能力發展을 위한 統計教育機關이 있는지? 있다면 그 運營現況은 어떠합니까? 그리고 가령 韓國에서 그 과정에 참가한다면 所要經費는?
8. 國家의 統計活動과 관련한 法規가 어떠한 것이 있는지? 그 內容을 알고자 한다.
9. 統計調査의 效率的 수행을 위하여는 對 國民活動이 必要할 것으로 알고 있는데 캐나다의 경우 主要弘報活動現況은 어떠하며 統計調査 豫算에서 차지하고 있는 弘報活動 豫算은 어느 정도의 비중을 차지하는지 말씀하여 주시면 感謝하겠습니다.

10. 貴 機關에서 경상적으로 作成하는 統計調査를 擔當하는 調査員의 신분상 지위는? 이들 調査員을 관장하는 現場의 擔當機關이 있는지? 있을 경우 그 機關의 組織과 人力構成은?
11. 國家公式統計의 作成概要(例를 들어 各 統計別 作成週期, 標本設計方法, 調査項目 등)을 수록한 안내서를 발간 합니까? 발간한다면, 한권을 구입할 수 있는지?

II. 캐나다의 人口센서스

12. 人口센서스 實施課(Census Operation Division)의 係別 組織과 業務 및 人員現況은 어떠한가?
13. 1986年 人口센서스의 年次別 및 項目別 豫算에 대해서 알고 싶습니다.
14. 1986年 人口센서스와 관련하여 다음사항을 알고 싶습니다.
 - o 調査員數
 - o 指導員數
 - o 調査期間
 - o 調査員當 割當家口數
 - o 調査區當 家口數
15. 調査員 채용은 어느 機關에서 擔當하였습니까?
16. 家口名簿 作成은 언제, 어느 機關에 의해서 이루어 졌습니까?
17. 試驗調査는 몇 회 하였습니까?
18. 人口센서스에 農業센서스를 같이 實施하는데 따른 問題는 없었습니까?
19. 資料處理(符號記入 및 穿孔)를 위한 人員은 얼마나되며, 어떻게 擔當하였습니까?
20. 資料處理는 中央에서 이루어 졌는지, 아니면 地方에서 이루어 졌는지?

Ⅲ. 캐나다의 人口動態 統計作成 現況

21. 保健課(Health Division)의 係別 組織과 業務 및 人員 現況은 어떠한지?
22. Province의 Register-General(또는 Office of Vital Statistics)에서 수행하고 있는 業務는 무엇인지?
23. 人口動態申告 業務를 擔當하고 있는 Province이하 行政機關은 어떤 것이 있습니까? 그 數는 얼마나 됩니까?
24. 캐나다에서는 申告接受 件數에 따라 수당이 지급되는 것으로 알고 있다. 그러면 公務員 봉급은 지급되지 않고 있는지?
25. 人口動態申告의 申告 完全率은?
26. 申告의 法定期限이 1년까지 되어 있는데 너무 긴것이 아닌지?
27. 申告書의 資料入力은 中央에서 이루어지고 있는지, 아니면 각 Province에서 이루어지고 있는지?
28. 申告書가 Microfilm化 되고 있는지? 그리고 어떻게 테이프에 資料入力を 하고 있는지?
29. 死亡原因 코딩은 어느 機關에 의해서 이루어 지고 있는지? 그리고 그 數는?
30. 캐나다에서는 家族(家口)단위별로 어떤 기록부가 있는지 여부를 알고 싶습니다
31. 人口動態申告 및 人口動態統計의 質的 改善을 위한 캐나다 統計廳의 特別報告書가 있으면 알고 싶습니다.

(CANADA)

I. For Statistical System

1. First, I wish to express our appreciation to Director, Bela Prigly of the International and Professional Relations Division, for sending us the Structure of Statistical Manpower in Canada last year. It was of great help for our work. In addition, could you please inform us as to the budgetary amount for statistical activities, if it is not confidential (please classify it into the survey budget and administration budget)?
2. Do you formulate the medium-and long-range development plans for statistical operation? If so, how do you evaluate the efficiency of the results of the plans?
3. How many types of statistics are compiled in Canada (please classify them into survey statistics and report statistics)?
4. What is the degree of cooperation provided by the surveyees?
5. The data obtained from individual surveyees cannot be disclosed. In this regard, what are the definition and scope of the "individual data"?
6. What are the compilation procedures of the statistical budget? Is Statistics Canada concerned with the process?
7. Is there any training institute for statisticians? If so, what is the training schedule of the institute (number and length of courses offered, number of trainees per course, etc.)? Also, can you accept Korean statistician for statistical training? What are the procedure and expenses involved?
8. What are the statistics laws related to national statistical activities?

9. Public relations are indispensable for effective statistical activities.
What is major activities for public relations?
What is the portion of public relations budget of total statistical budget?
10. What is the status of enumerators in charge of statistical survey?
What agency is responsible for field managements? Please tell us the organization and manpower of the agency.
11. Do you have any guide book containing the summary of national statistical activities-cycles, sampling methods, survey items by statistics?

II. For Population Census

12. We would like to know about detailed names of sections in Census Operation Division and Demography Division.
13. We would like to know about the content of budget for 1986 Population Census classified by year and major items.
14. We would like to know about the followings in relation with 1986 Census.
- o Number of enumerators
 - o Number of supervisors
 - o Time period of main survey
 - o Number of households assigned to each enumerator
 - o Number of households per one enumeration district
15. Who is responsible for recruiting enumerators?
16. Who is responsible for making a household list?
Is it done by enumerators themselves?
17. How many pilot surveys did you carry out?

18. It seems that you conduct the agricultural census together with the population census. Do you find no difficulties in this job?
19. How many personnel did you employ for data input (for manual editing, coding and punch)?
20. Was the data input made by the provincial office or was it made by the Statistics Canada?

III. For Compilation of Vital Statistics

21. We would like to know about detailed names of sections in Health Division and about number of personnel involved in vital statistics.
22. What is the job of Registrar-General's office (or Office of Vital Statistics) in each province?
23. How many smallest administrative offices dealing with vital registration works and how many personnel are working in these offices on an average?
24. It seems that the salary for staff handling vital registration works is paid according to the number of vital events registered. Is there no regular salary for them?
25. What is the rate of completeness of vital registration?
Are they registered completely in Canada?
26. It seems that the time allowed for vital registration is one year.
What are the reasons for such long period of registration?
27. Which organization makes coding and punch for data input to tapes?
28. Do you make microfilms for certificates?

29. In which organization, coding for cause of death from death certificate is made? We would also like to know the number of personnel involved in coding for cause of death.
30. We would like to know about detailed names of sections in Health Division
31. We would like to obtain various Handbooks, Guide to Vital Records, certificates and special analysis reports on the improvement of vital statistics, if any.

부록16 : 美國訪問 討議資料 (國·英文)

人口動態統計에 관하여

1. 各州의 Office of Vital Statistics (또는 State Health Department)에서 수행하고 있는 業務는 무엇이며, 組織과 人力現況은 어떠합니까?
2. 人口動態申告 業務를 擔當하고 있는 州 以下 行政機關은 어떤 것이 있습니까? 그 數와 종사하고 있는 人員은 얼마나 됩니까?
3. 申告業務者가 우리나라처럼 事件을 경험한 국민이 直接申告를 하는게 아니고, 出生의 경우 病院 經營者나 醫師, 死亡의 경우 장의사(Funeral Director), 婚姻의 경우 주례자(Marriage Officiant), 離婚의 경우 변호사(Attorney)인 것으로 알고 있습니다. 언제부터 이러한 제도가 실시 되었으며, 이들이 申告역할을 제대로 수행하고 있는지 알고 싶습니다.
4. 장의사(Funeral Director)와 주례자(Marriage Officiant)의 성격은 각각 어떤 것이지 알고 싶습니다.
5. 人口動態가 法定期限內에 申告가 안된 比率 및 法定期限內에 안하게 될때의 措置조치는? 또, 結果公表나 報告書發刊時 지연申告나 未申告分에 대해서 감안을 합니까?
6. 各州의 Office of Vital Statistics(또는 State Health Department)에서 申告書를 資料를 Micro Film화 하고 있는지? 그리고 어떻게 테이프에 資料入力 (즉, 코딩과 부호기입등)을 하고 있는지 알고 싶습니다.
7. NCHS에서는 어떻게 各州 政府에서 만든 테이프를 이용하고 있는지?
8. 死亡原因 코딩은 어느기관에 의해서 이루어지고 있는지? 그리고 코딩에 종사하고 있는 人員 數는?
9. Automated Classification of Medical Entries의 내용은 어떤 것인가?

10. 영아死亡 특히, 出生後 한달以內에 死亡한 新生兒死亡(deaths during the neonatal period)은 누락없이 申告가 완전히 되고 있는지?
11. 미국에서 離婚申告의 完全率이 낮게 나타나고 있는데 주된 이유는 무엇입니까?
12. 한국에서는 거주하고 있는 모든 국민들은 가구단위로 관할 행정 관서에 주민 등록(즉, 거주사실을 등록)하도록 되어 있는데 美國에서는 어떠한지 알고 싶습니다. 즉, 미국에서의 家族(家口)단위별로 어떤 기록부가 있는지 여부를 알고 싶습니다. 만약 있다면 어느 기관에서 이 기록부를 보관하고 있습니까? 만약 없다면 인구 동태 신고서가 이 역할을 수행하고 있습니까?
13. 生命表(Life table)를 作成함에 있어 死亡申告에서 求한 年齡別 死亡(age specific death rate)資料를 어떤 補整(adjustment)없이 그대로 使用하고 있는지 알고 싶습니다.
14. 최근의 申告書樣式과 NCHS의 간행물중 Handbooks and Guides to Vital Records 을 얻고 싶습니다.
15. 人口動態申告 및 人口動態統計의 질적 개선을 위한 NCHS의 특별 보고서가 있으면 얻고 싶습니다.
16. 1977 Model State Vital Statistics Act 2 部를 얻고 싶습니다.

美國의 統計制度에 관하여

17. 美國은 分散型 統計制度를 취하고 있는 나라로 알고 있습니다. 따라서, 各 機關이 고유분야의 自體統計를 독자적으로 作成하는데 따른 統計의 중복作成등의 問題가 발생할 수도 있을텐데 이 경우 이를 調整하는 機能은 어디서 擔當하고 있으며, 조정기구와 保健統計센터와의 業務관계는?
18. 특별히 비밀이 아니라면 保健統計센터의 組織, 人力과 豫算 現況을 알려주시면 감사하겠습니다.
19. 保健分野의 統計發展을 위한 中, 長期計劃을 수립하고 있는지? 있다면 어느정도 期間의 計劃인지 그 推進結果의 評價는 어떻게 하며, 어느 정도 成果를 거두었다고 보는지 알고 싶습니다.
20. 현재 貴 機關이 作成하고 있는 統計는 몇 種이며 그 中 調査統計와 報告統計로 區分하여 말씀하여 주시기 바랍니다.
21. 面接調査方法에 의하여 調査하는 경우 調査員에 대한 應答者의 協助는 어느정도인지? 가령 應答을 拒否하는 경우 어떻게 대처하는지 설명하여 주시기 바랍니다.
22. 대부분의 국가가 應答者로부터 얻은 개인적 資料는 공개하지 않은 것으로 되어있는데 貴 機關의 경우 "個人的 資料"의 개념과 범위는 어떻게 정의하고 있습니까?
23. 聯邦政府의 統計活動과 관련한 法規가 어떠한 것이 있는가? 그 내용을 알고자 합니다.
24. 對國民統計弘報活動은 어떻게 하고 있는지? 관련 유인물 또는 설명 資料를 구할 수 있으면 좋겠습니다.
25. 貴 機關에서 경상적으로 作成하는 統計調査를 擔當하는 調査員의 신분상 지위는? 이들 調査員을 관장하는 現場의 擔當機關이 있는지? 있을 경우 그 機關의 組織과 人力構成은?

For Compilation of Vital Statistics

1. What is the role of Office of Vital Statistics of each State(or State Health Department), and how many staff are involved in the vital registration works ?
2. How many smallest administrative offices dealing with vital registration works and how many personnel are working in these offices on an average?
3. It seems that the informant of vital events is hospital administrator or physician for birth, funeral director for death, marriage officiant for marriage and attorney for divorce in the United States.
Do they work well in accordance with the law?
4. Who can be funeral director and marriage officiant?
We would also like to know the number of funeral directors and marriage officiants.
5. It seems that the vital events are completely registered soon after their occurrence in the States. However, is there any delayed registration?
If there is, what is the penalty for them?
6. In the Office of Vital Statistics(or State Health Department) in each State, do they make micro-films for certificates? And which organization makes coding and punch for data input to tapes?
7. How does NCHS obtain the tapes made by the Office of Vital Statistics?
Does NCHS pay some amount of money for the tapes?
8. In which organization, coding for cause of death from death certificate is made? We would also like to know the number of personnel involved in coding for cause of death.

9. What is the content of the Automated Classification of Medical Entries?
10. In Korea, the neo-natal deaths are not registered at all. Are they registered completely in the States?
11. It seems that the completeness of divorce registration is relatively low compared to other vital events. What are the reasons?
12. In Korea, we have a Resident Registration System in which a register for each household is kept in local administrative offices and updated through the registration of the occurrence of events. Do you have a similar system? If you have, what organization is responsible for the maintenance of the system? If you do not have, do the vital certificates play a role of proving the legal status of citizen?
13. Do you make some adjustments for the age specific death rates directly obtained from death registration when you construct life tables?
14. We would like to obtain various Handbooks and Guide to Vital Records as well as certificates.
15. We would like to obtain special analysis reports on the improvement of vital registration system and vital statistics, if any.
16. We would like to obtain 1977 Model State Vital Statistics Act.

For Statistical System

17. As we are well aware, the United States has a decentralized statistical system. What organization has the responsibility for coordination of statistical duplication compiled by various agencies. What is the relationship between the coordinating organization and NCHS?
18. If it is not confidential, could you please inform us as to the organization, manpower and budget of NCHS?
19. Do you formulate the medium-and long-range statistical development plans in the field of health? If so, how do you evaluate the efficiency of the results of the plans?
20. How many kinds of statistics are compiled in your agency (please classify them into survey statistics and report statistics which is from administrative record)?
21. What is the degree of cooperation provided by the surveyees? How do you handle refusal cases?
22. The data obtained from individual surveyees cannot be disclosed. In this regard, what are the definition and scope of the "individual data"?
23. What are the laws related to statistical activities of the Federal Government?
24. What major public relations for activities are carried out (we would appreciate receiving related information and materials)?
25. What is the status of enumerators in charge of statistical surveys? What agency is responsible for field management? What are the organization and manpower of the agency?