



CENSUS 2010 SURVEY FORM
SINGAPORE DEPARTMENT OF STATISTICS
CENSUS OF POPULATION 2010
(STATISTICS ACT, CHAPTER 317)
Household Form

Appendix L



CONFIDENTIAL

HOUSE REF NO.

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Form ID:

| |
|--|
| |
|--|

Address: _____

Instructions: - Please complete the form in **BLUE/BLACK** ink only.
 - You are allowed to tick only 1 box for each question, unless otherwise specified.

A. House Members' Particulars

Person 1

1. Name

| |
|--|
| |
|--|

2. Identification Number (NRIC/BC/FIN)

| |
|--|
| |
|--|

3. Whereabouts

| | |
|---|---|
| <input type="checkbox"/> Staying in address | <input type="checkbox"/> Shifted out |
| <input type="checkbox"/> Overseas for less than 6 months | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Overseas for 6 months to less than 12 months | <input type="checkbox"/> Unknown Person |
| <input type="checkbox"/> Overseas for 12 months or more | |

Person 2

1. Name

| |
|--|
| |
|--|

2. Identification Number (NRIC/BC/FIN)

| |
|--|
| |
|--|

3. Whereabouts

| | |
|---|---|
| <input type="checkbox"/> Staying in address | <input type="checkbox"/> Shifted out |
| <input type="checkbox"/> Overseas for less than 6 months | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Overseas for 6 months to less than 12 months | <input type="checkbox"/> Unknown Person |
| <input type="checkbox"/> Overseas for 12 months or more | |

Person 3

1. Name

| |
|--|
| |
|--|

2. Identification Number (NRIC/BC/FIN)

| |
|--|
| |
|--|

3. Whereabouts

| | |
|---|---|
| <input type="checkbox"/> Staying in address | <input type="checkbox"/> Shifted out |
| <input type="checkbox"/> Overseas for less than 6 months | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Overseas for 6 months to less than 12 months | <input type="checkbox"/> Unknown Person |
| <input type="checkbox"/> Overseas for 12 months or more | |



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**Person 4****1. Name**

2. Identification Number (NRIC/BC/FIN)

3. Whereabouts

- | | |
|---|---|
| <input type="checkbox"/> Staying in address | <input type="checkbox"/> Shifted out |
| <input type="checkbox"/> Overseas for less than 6 months | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Overseas for 6 months to less than 12 months | <input type="checkbox"/> Unknown Person |
| <input type="checkbox"/> Overseas for 12 months or more | |

Person 5**1. Name**

2. Identification Number (NRIC/BC/FIN)

3. Whereabouts

- | | |
|---|---|
| <input type="checkbox"/> Staying in address | <input type="checkbox"/> Shifted out |
| <input type="checkbox"/> Overseas for less than 6 months | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Overseas for 6 months to less than 12 months | <input type="checkbox"/> Unknown Person |
| <input type="checkbox"/> Overseas for 12 months or more | |

Person 6**1. Name**

2. Identification Number (NRIC/BC/FIN)

3. Whereabouts

- | | |
|---|---|
| <input type="checkbox"/> Staying in address | <input type="checkbox"/> Shifted out |
| <input type="checkbox"/> Overseas for less than 6 months | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Overseas for 6 months to less than 12 months | <input type="checkbox"/> Unknown Person |
| <input type="checkbox"/> Overseas for 12 months or more | |

Person 7**1. Name**

2. Identification Number (NRIC/BC/FIN)

3. Whereabouts

- | | |
|---|---|
| <input type="checkbox"/> Staying in address | <input type="checkbox"/> Shifted out |
| <input type="checkbox"/> Overseas for less than 6 months | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Overseas for 6 months to less than 12 months | <input type="checkbox"/> Unknown Person |
| <input type="checkbox"/> Overseas for 12 months or more | |

Person 8**1. Name**

2. Identification Number (NRIC/BC/FIN)

3. Whereabouts

- | | |
|---|---|
| <input type="checkbox"/> Staying in address | <input type="checkbox"/> Shifted out |
| <input type="checkbox"/> Overseas for less than 6 months | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Overseas for 6 months to less than 12 months | <input type="checkbox"/> Unknown Person |
| <input type="checkbox"/> Overseas for 12 months or more | |

Please proceed to Item B.



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B. Relationship to Head

A household refers to one person living alone or a group of two or more persons living together in the same house and sharing common food or other arrangements for essential living.

Although the following people may be living in the same house, they may not be in the same household. E.g. A family **renting out** a room to a tenant. If the tenant does not share or have meals with the family, the tenant is **NOT** regarded as belonging to the **same household** and should be assigned a **different household number**.

B1. Do all members belong to the same household?

- Yes No

▶ If yes, go to Item B3. Otherwise, proceed to Item B2.

B2. If members belong to different households, please group the members into their respective households by assigning the same household number, starting with "01". Please indicate a new household number for member(s) belonging to different household(s).

| Person No. | | | | | | | |
|------------------|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Household Number | | | | | | | |
| | | | | | | | |

B3. Please select a Household Head for each household by ticking the relevant box. Next, for each and every other person, state their relationship to their respective Household Head. Please enter the Form ID if more than 1 Household Form is used.

The Head of Household is the person who is generally acknowledged as such by the other members of the household. Generally the head is the oldest member, the main income earner or the person who manages the affair of the household.

| Relationship to Head | Person No. | | | | | | | | Form ID |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Head | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Spouse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Son/Daughter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Son-in-law/Daughter-in-law | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Parent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Parent-in-law | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Brother, Sister | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Brother-in-law/Sister-in-law | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Grandchild/Grandchild-in-law | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Grandparent/Grandparent-in-law | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Great Grandchild/Great Grandchild-in-law | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Great Grandparent/Great Grandparent-in-law | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other Relatives, Same Generation as Head | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other Relatives, One Generation Older than Head | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other Relatives, Two Generations Older than Head | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other Relatives, Three Generations Older than Head | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other Relatives, One Generation Younger than Head | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other Relatives, Two Generations Younger than Head | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other Relatives, Three Generations Younger than Head | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Maid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Unrelated Persons (e.g. tenant, friends, confinement lady, chauffeur) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Please proceed to Item C.



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C. Parents of Household Member

Please identify the parents of each household member. If the father/mother is not living with the household, please tick "N.A.". Please enter the Form ID if more than 1 Household Form is used.

| Father of | Person No. | | | | | | | | | Form ID | Mother of | Person No. | | | | | | | | | Form ID | | | | | | | |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | NA | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | NA | | | | | | | | |
| Person 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Person 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| Person 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Person 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| Person 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Person 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| Person 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Person 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Person 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Person 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Person 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Person 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Person 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Person 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Person 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Person 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

For household(s) with persons aged 15 and above, please proceed to Item D. Otherwise, go to Item E.

D. Spouse of Household Member

Please identify the spouse/partner of each household member. If the member does not have a spouse or the spouse is not living with the household, please tick "N.A.". Please enter the Form ID if more than 1 Household Form is used.

| Spouse of | Person No. | | | | | | | | | Form ID |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | NA | |
| Person 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Person 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Person 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Person 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Person 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Person 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Person 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Person 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Please proceed to Item E.

E. Tenancy of Present Dwelling

Does the household own this house/flat?

- Yes, house/flat is owned and fully paid for
 Yes, house/flat is owned, with outstanding housing loan
 No, house/flat is rented
 No, house/flat is provided free by employer
 No, house/flat is provided free by relatives/friends/others

Please proceed to fill up the Individual Form for each household member.

Please check that all the relevant questions have been answered.

Kindly proceed to fill up the Individual Form for every member that was entered in Item A of this form.

Please sign this declaration upon completion of the Household Form and Individual Form(s):

I declare that the information I have supplied is true and given to the best of my knowledge.

| |
|-----------|
| Name |
| Signature |

| | |
|------------|-----|
| Home Tel | |
| Office Tel | ext |
| Handphone | |