

FORM  
**P5**



U. S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**OVERSEAS CENSUS REPORT**  
**1950 CENSUS OF THE UNITED STATES**

This form must be filled by each person who is:

1. A member of the Armed Forces, or
2. A civilian American citizen employed by the United States government

AND

who is residing overseas on April 1, 1950.

**DO NOT FILL THIS FORM IF YOUR PLACE OF RESIDENCE ON APRIL 1, 1950, IS IN:**

Continental United States  
The Territory of Hawaii  
The Territory of Alaska

Puerto Rico  
The Panama Canal Zone  
American Samoa

Guam  
The Virgin Islands of  
the United States

**IMPORTANT:** This form should be filled where you usually reside overseas. This is the place where you generally spend most your time. If you are temporarily absent from your place of usual residence overseas, either on vacation, on temporary duty at another place, or for any other reason, you should not fill this form where you happen to be visiting. When you return to your place of usual residence you will be given a form to fill there.

**ANSWER THE FOLLOWING QUESTIONS**

1. DATE

(Date form is filled)

2. LOCATION

(Name of country or island)

3. SERVICE SERIAL NO.

(For members of the Armed Forces only)

4. ARE ANY MEMBERS OF YOUR FAMILY LIVING WITH YOU OVERSEAS? (Check one box.)

Yes  No

5. CHECK THE BOX WHICH APPLIES TO YOU:

- Member of Armed Forces: Army  
 Member of Armed Forces: Navy  
 Member of Armed Forces: Air Force  
 Member of Armed Forces: Marine Corps  
 Member of Armed Forces: Coast Guard

Civilian employee of \_\_\_\_\_ (Specify agency)

Other \_\_\_\_\_ (Specify—such as tourist, employee of private firm, etc.)

**DISTRIBUTION:** Armed Forces Commanding Officers will distribute these forms to all personnel (civilian and military) assigned to their commands outside the areas listed above, but not to persons temporarily present at such stations. Members of the Armed Forces temporarily absent from the place where they are regularly assigned will be enumerated at that place when they return.

Civilian American citizens employed by United States government agencies overseas will be provided with this form by the employing agency.

Other American citizens overseas who wish to be included in this Census may apply to United States Missions or Consular Offices for copies of this form.

If additional copies of this form are needed, local distributing agencies may duplicate it.

**ANSWER ALL QUESTIONS ON THE OTHER SIDE**

**INSTRUCTIONS**

1. Answer the following questions for yourself and for any members of your family living with you overseas on April 1, 1950.

2. The wife of a person required to fill this form should not complete a separate report if she is living with her husband overseas. She should be listed on her husband's report.

Name (Enter last name, first name, and middle initial)	Relationship to you (Enter son, daughter, etc.)	Sex (Check one box)	Age at last birthday (Enter "Under 1" for children under one year of age)	Marital status (Check one box)	Race (Check one box)	Place of birth (Enter name of State, Territory, or possession of the U. S., or foreign country)	Citizenship (Check one box)
Your name _____	LEAVE BLANK	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age _____ (Years old)	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Never married	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Negro 3 <input type="checkbox"/> Other	_____	1 <input type="checkbox"/> Citizen of the U. S. 2 <input type="checkbox"/> Not a citizen of the U. S.
Your wife's name _____	LEAVE BLANK	LEAVE BLANK	Age _____ (Years old)	LEAVE BLANK	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Negro 3 <input type="checkbox"/> Other	_____	1 <input type="checkbox"/> Citizen of the U. S. 2 <input type="checkbox"/> Not a citizen of the U. S.
Name of your son, daughter, or other relative living with you _____	_____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age _____ (Years old)	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Never married	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Negro 3 <input type="checkbox"/> Other	_____	1 <input type="checkbox"/> Citizen of the U. S. 2 <input type="checkbox"/> Not a citizen of the U. S.
Name of your son, daughter, or other relative living with you _____	_____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age _____ (Years old)	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Never married	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Negro 3 <input type="checkbox"/> Other	_____	1 <input type="checkbox"/> Citizen of the U. S. 2 <input type="checkbox"/> Not a citizen of the U. S.
Name of your son, daughter, or other relative living with you _____	_____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age _____ (Years old)	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Never married	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Negro 3 <input type="checkbox"/> Other	_____	1 <input type="checkbox"/> Citizen of the U. S. 2 <input type="checkbox"/> Not a citizen of the U. S.

Use extra form if needed for additional family members.  Check this box if extra form is used and attach extra form before sealing.