

Household Members

* Last Name: [redacted] * First Name: [redacted]

* Date of Birth: [redacted] (dd) [redacted] (mm) [redacted] (yyyy) Estimated? [redacted] Y [redacted] N

* Gender:
[redacted] Male [redacted] Female [redacted] Transgender [redacted] Undisclosed [redacted] Other

* Relationship:
[redacted] Spouse [redacted] Child [redacted] Parent [redacted] Sibling [redacted] Grandchild [redacted] Grandparent
[redacted] Other Relative [redacted] Boyfriend/Girlfriend [redacted] Friend [redacted] Roommate
[redacted] Other [redacted] Undisclosed

* Ethnicity:
[redacted] First Nations [redacted] Metis [redacted] Inuit [redacted] None [redacted] Undisclosed

* Self-Identifies As:
[redacted] In Canada 10 Years or Less [redacted] Other [redacted] None
[redacted] Person with Disabilities [redacted] Undisclosed

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