




DEPARTMENT OF DREAMLAND SECURITY IMMIGRATION FORM WXRZYQ SFG 23587-492 A

Approved: GRI11378-00-69 Expires: Next Life. Estimated Burden: 12.6% of Brain. 2 Pages.

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM

1. Passport Number <u>10/6</u>		2. Physical Date of Birth (dd-mm-yyyy) <u>06-07-1979</u>		3. Mental Date of Birth (dd-mm-yyyy) <u>21-07-2006</u>		4. Forever Young? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DO NOT WRITE IN THIS SPACE WXR-1/DGF-2/QAB1-2/RWT-3 Other _____ Max _____ VISA Classification _____	
5. Hometown <u>BEAVER FALLS</u>		6. Country/State/Province/Planet <u>USA / PA</u>		7. Nationality <u>MER 'CAN</u>		Multi _____ Number of Applications _____		Months _____ Validity _____	
8. First, Middle, and Surnames (As in Passport) <u>MATTHEW GEORGE DUCKSTEIN JR</u>		9. Other Surnames, Aliases, Pseudonyms, Acronyms, Hidden Personalities and Illegal Identities <u>MAT, DUCK, DUKE, HEY STUPID</u>		10. List of Personal Heroes (in Nonsensical Order) <u>TROY DROEGMEYER, BATMAN, VOLTRON</u>		Issued/Refused On _____ By _____		Under 356(a) 429(g) 572(c)	
11. What would you like to be when/if you (ever) grow up? <u>DEAD</u>		12. And what would you never want to be? <u>GROWN UP</u>		13. Place of Birth <u>POTATO BRIDGE, ID</u>		14. Present Occupation <u>BLUE PEN (PAPERMATE - M)</u>		15. What Occupies Your Brain? <u>EMPTY SPACE ~95% OTHER ~5%</u>	
16. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Trans <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Female <input type="checkbox"/> Alien _____		17. Home Address (Include Apartment Number, Street, City, State, Zip Code, Country and Complainers About Neighbors) <u>1631 STOVE HAVEN DR APT 3 BOYNTON BEACH, FL 33436</u>		18. Home Telephone Number _____		19. Business Telephone Number _____		20. Number Where Reachable When Dreaming _____	
21. Email Address <u>@GMAIL.COM</u>		22. Telepathic Contact Info <u>3-2-1-C-YA.COM</u>		23. Non-Verbal Communication License No. <u>001000</u>		24. Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single (Never Married) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> No Idea		25. When Do You Intend to Enter Your Own Dream World (Provide Specific Date if known) <u>AS SOON AS POSSIBLE</u>	
26. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		27. What Do You Believe in? (Check all boxes that Apply to your Personal or Imaginary Situation) <input checked="" type="checkbox"/> Reality <input type="checkbox"/> Nothing <input type="checkbox"/> Fantasy <input type="checkbox"/> Love <input type="checkbox"/> Fear <input type="checkbox"/> Optimism <input checked="" type="checkbox"/> Other, Specify: <u>PAIN</u> <input type="checkbox"/> Utopia <input type="checkbox"/> Hell <input type="checkbox"/> Heaven <input type="checkbox"/> A Better Place <input type="checkbox"/> Dreams <input checked="" type="checkbox"/> Hope		28. Methods of Bribing <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> Imaginary <input type="checkbox"/> Other, Specify _____		29. Entering Dreamworld <input type="checkbox"/> Permanently <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Other, specify: _____			
30. Dream Address (Include Sleep Code, Imaginary Country and other Brainwaves) <u>DEVIL TOWER 1400 STRAIGHT UP (NO ELEVATOR, 7 SEC RIDES) US/ME 10101</u>		31. What Do You Intend to do while Living in Your Own Dream World? <u>SLEEP, EAT, JUMP, DRINK, REPEAT</u>		32. Contact Person in Your Dream World <u>N/A</u>		33. Occupation in Your Dream World <u>SKY GOD</u>		34. How Long Do You Intend to Stay in Your Dream World? <u>AS LONG AS I CAN</u>	
35. Describe Utopia: <u>EVERYONE HAPPY AND DRUNK; JUMPING OPTIONAL AND INTERMITTANT</u> Does Utopia Exist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. Who Will Pay for Your Dreams? <u>NO ONE</u> Why? <u>FREE</u>		37. Have You Ever Lived in Your Dream World Before? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, When? <u>LAST WEDNESDAY</u> For How Long? <u>0.5 TO 3.5 SECONDS @ A TIME</u>		38. Barcode  XX47CCTV666DREAM		39. Photo 