



DEPARTMENT OF DREAMLAND SECURITY
IMMIGRATION FORM WXRZYQ SFG 23587-492 A
Approved:GRH1378-00-69 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>0330</u>	2. Physical Date of Birth (dd-mm-yyyy) <u>9 22 81</u>	3. Mental Date of Birth (dd-mm-yyyy) <u>12 21 77</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 _____ Multi _____ Number of Applications _____ Months _____ Validity _____ Issued/Refused _____ On _____ By _____ Under 356(a) 429(g) 572(c) Other _____ Reviewed by _____ Nonsense _____ BlahBlah _____
5. Hometown <u>Far off Galaxy</u>	6. Country/State/Province/Planet <u>Ciailloilloillo;No</u>	7. Nationality <u>Universal</u>		
8. First, Middle, and Surnames (As in Passport) <u>Saraxalii</u>				
9. Other Surnames, Aliases, Pseudonyms, Acronyms, Hidden Personalities and Illegal Identities <u>Teddy Pinkleton, Paniagua, Rocko de N.Y.C.</u>				
10. List of Personal Heroes (In Nonsensical Order) <u>Saint Germain, Gandhi</u>				
11. What would you like to be when/if you (ever) grow up? <u>Responsible</u>	12. And what would you never want to be? <u>Responsible</u>			
13. Place of Birth <u>Deep Ellum</u>	14. Present Occupation <u>Thinker</u>	15. What Occupies Your Brain? <u>Thought</u>		
16. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Trans <input type="checkbox"/> Other, Specify <input checked="" type="checkbox"/> Female <input type="checkbox"/> Alien	17. Home Address (Include Apartment Number, Street, City, State, Zip Code, Country and Complaints About Neighbours) <u>Dallas TX 75226 (smells bad!)</u>			
18. Home Telephone Number	19. Business Telephone Number <u>None</u>	20. Number Where Reachable When Dreaming <u>220</u>		
21. Email Address <u>giii@sbcr</u>	22. Telepathic Contact Info <u>Dream State</u>	23. Non-Verbal Communication License No. <u>006900</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 DreamWorld (Provide Specific Date if known) <u>yesterday before time</u>		26. Yes <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> Fantasy <input checked="" type="checkbox"/> Love <input type="checkbox"/> Fear <input checked="" type="checkbox"/> Optimism <input type="checkbox"/> Other, Specify: <input checked="" type="checkbox"/> Utopia <input type="checkbox"/> Hell <input checked="" type="checkbox"/> Heaven <input checked="" type="checkbox"/> A Better Place <input checked="" type="checkbox"/> Dreams <input checked="" type="checkbox"/> Hope				
28. Methods of Bribing <input type="checkbox"/> Monetary <input type="checkbox"/> Imaginary <input checked="" type="checkbox"/> Other, Specify <u>Art</u> <u>cells</u>		29. Entering Dreamworld <input type="checkbox"/> Permanently <input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Other, specify: <u>time</u>		
30. Dream Address (Include Sleep Code, Imaginary Country and other Brainwaves) <u>Atlanta In Sync with all.</u>			 	
31. What Do You Intend to do while Living in Your Own DreamWorld? <u>Just Be Whole</u>				
32. Contact Person in Your Dream World <u>Mundo (mature)</u>	33. Occupation in Your Dream World <u>Peace maker</u>			
34. How Long Do You Intend to Stay in Your Dream World? <u>outside of tempo</u>	35. Describe Utopia: <u>Harmonic Convergence</u> Does Utopia Exist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36. Who Will Pay for Your Dreams? <u>myself</u> Why? <u>I created them.</u>	37. Have You Ever Lived in Your Dream World Before? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, When? <u>Now</u> For How Long? <u>3.3 yrs.</u>			