



# 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>PW2123916898</u>		2. Physical Date of Birth ( <small>dd-mm-yyyy</small> ) <u>92-11-1949</u>		3. Mental Date of Birth ( <small>dd-mm-yyyy</small> ) <u>13-05-1968</u>		<b>DO NOT WRITE IN THIS SPACE</b> WXR-1/DGF-2/QAB1-2/RWT-3 Other _____ Max _____ <small>Visa Classification</small> Multi _____ <small>Number of Applications</small> Months _____ <small>Validity</small> Issued/Refused _____ On _____ By _____ Under 356(a) 429(g) 572(c) Other _____ Reviewed by _____ Nonsense _____ BlahBlah _____
4. Forever Young? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		5. Hometown <u>AMSTERDAM</u>		6. Country/State/Province/Planet <u>EU</u>		
7. Nationality <u>DUTCH</u>						
8. First, Middle, and Surnames (As in Passport) <u>PICOTR VANDERWEL</u>						
9. Other Surnames, Aliases, Pseudonyms, Acronyms, Hidden Personalities and Illegal Identities <u>CEO MAGNON</u>						
10. List of Personal Heroes (in Nonsensical Order) <u>JEDANE SHALE THE BUDDHA CHARLEMAGNE, MAHON MANDALINA, MARIE ANTOINETTE, SANDHU</u>						
11. What would you like to be when/if you (ever) grow up? <u>VERY VERY OLD</u>			12. And what would you never want to be? <u>DRUG MAD</u>			
13. Place of Birth <u>DELT</u>		14. Present Occupation <u>CONSULTANT</u>		15. What Occupies Your Brain? <u>THIS PLANET</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 Complaints About Neighbours) <u>WHERE MY LAPTOP IS</u>				
18. Home Telephone Number <u>NONE</u>		19. Business Telephone Number <u>NONE</u>		20. Number Where Reachable When Dreaming <u>205</u>		
21. Email Address <u>PICOTR</u>		22. Telepathic Contact Info <u>PICOTR</u>		23. Non-Verbal Communication License No. <u>212 319 1218 08 - 8</u>		
24. Marital Status <input checked="" type="checkbox"/> Married <input 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>12-05-1968</u>			26. Yes <input checked="" type="checkbox"/> No	
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 checked="" type="checkbox"/> Utopia <input type="checkbox"/> Hell		<input checked="" type="checkbox"/> Heaven <input checked="" type="checkbox"/> A Better Place		<input type="checkbox"/> Dreams <input checked="" type="checkbox"/> Hope		
Other, Specify: <u>you</u>						
28. Methods of Bribing <input checked="" type="checkbox"/> Monetary <input checked="" type="checkbox"/> Imaginary <input checked="" type="checkbox"/> Other, Specify <u>Love</u>			29. Entering Dreamworld <input checked="" type="checkbox"/> Permanently <input type="checkbox"/> Temporary <input type="checkbox"/> Other, specify: _____			
30. Dream Address (Include Sleep Code, Imaginary Country and other Brainwaves) <u>FIRST CAME TO THE LEFT IN THE MIDDLE</u>						
31. What Do You Intend to do while Living in Your Own DreamWorld? <u>CONSULTING</u>						
32. Contact Person in Your Dream World <u>JADA</u>			33. Occupation in Your Dream World <u>CONSULTANT</u>			
34. How Long Do You Intend to Stay in Your Dream World? <u>TILL 2050</u>		35. Describe Utopia: <u>2050</u> Does Utopia Exist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
36. Who Will Pay for Your Dreams? <u>CLIENTS</u> Why? _____		37. Have You Ever Lived in Your DreamWorld Before? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, When? _____ For How Long? <u>SINCE 13-05-1968</u>				

