

Application For Permission To Date My Daughter

Note: Please be prepared to submit additional information e.g. psychological profile, DNA sample, and submission to polygraph exam.

1. Name _____ Date of Birth __/__/____
2. Height ft. __ in. __ Weight Lbs. ____ I.Q. ____ GPA. ____
3. Social Security Number. ____-____-____ Driver License:State __ Num.____
4. Home Address _____ City _____ State __
5. Boy Scout Rank _____
6. How fast can you run 40 yards ____ sec. Two miles ____ min.
7. Church you attend _____ How often? _____.
8. In 50 words or less, explain what "DON'T TOUCH MY DAUGHTER" means to you.

9. In 50 words or less, explain what "Late" means to you.

10. Complete the following sentences:
 - a. If I were to be shot, the last place I would want to be shot is in the:

 - b. If I were to be beaten, the last bone I would want to be broken is:

 - c. The one thing I hope this Application does not ask is:

 - d. In the unfortunate event of my untimely death, I would like my ashes scattered:

 - e. My greatest fear is:

11. What do you want to be if you grow up? _____
12. Have you ever been finger printed? Yes ____ No ____
13. Do you have any Identifying marks? e.g. birthmarks, scares, tattoos:
Yes ____ No ____
(if yes please explain and give location)

14. My Dentist is _____
City _____ State __

I hereby swear that all the information supplied above is true and correct to the best of my knowledge underpenalty of Death and or Dismemberment.

Signed _____

Thank you for your interest!

Please allow 4 to 6 years for processing. You will be contacted in writing if you are approved. Please do not call, write, or E-mail. Any attempt is at contact during the processing of this application could be hazardous to your health and or cause serious personal injury.