

MOSTLANDIA Received Citizens Entry Survey and Questionnaire

FORM 42NPRS

PORTAL NAME/LOCATION:

Family Name	Passport Issuance	
Given Name(s)		
Other Names (include nicknames, aliases, nom de guerres, imagined titles, notorieties)		
Phonetic Spelling of Name:		
Place of Birth:	Date of Birth:	Processing Number:
Gender:	Height:	
Telephone Number:	Date:	
Email Address:		

Names and Types of Pets:

Number of Children:

Dominant Thumb Fingerprint Type: Arch Loop Whorl

Marital Status: Never Married Married Widowed Annulled Marriage

Separated Divorced Common Law Domestic Partnership

Intended Occupation:

Other Imaginary Citizenships:

Mailing Address:

By signing this document, the Received Citizen agrees to the following: A) the Received Citizen will not commit any violent acts in Mostlandia, namely murder; B) the Received Citizen will be available for entry into the Benevolent Mostlandian Citizens Choir; C) the Received Citizen will register with all of the proper Bureaus, Departments, Institutes, Panels, Advisory Committees and Task Forces.

Signature: _____ Date: _____

Additional Signature: _____ Date: _____

Declare all ideas on your person at time of entry:

Have you experienced any dreams of Mostlandia? (If yes, please describe.)

What truths do you hold to be self-evident?

Areas of Expertise: _____

Favorite Animal: _____

Favorite Color: _____

Favorite Ice Cream: _____

Comfort Food: _____

Era: _____

Karaoke Song: _____

Body Tricks: _____

Words that start with the first letter of your name: _____

SIXTH SENSE

On a scale of 1 (lowest) to 10 (highest), please rate your abilities.

ESP	1	2	3	4	5	6	7	8	9	10
Luck	1	2	3	4	5	6	7	8	9	10
Deja Vu	1	2	3	4	5	6	7	8	9	10
Telekinesis	1	2	3	4	5	6	7	8	9	10
Premonitions	1	2	3	4	5	6	7	8	9	10
Ghost Spotting	1	2	3	4	5	6	7	8	9	10

SKILLS

- | | |
|--|---|
| <input type="checkbox"/> Tongue to Nose | <input type="checkbox"/> Fencing |
| <input type="checkbox"/> Slam Dunk | <input type="checkbox"/> Joke Telling |
| <input type="checkbox"/> Navigation | <input type="checkbox"/> Singing |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Computer Hacking |
| <input type="checkbox"/> Cartography | <input type="checkbox"/> Double Dutch |
| <input type="checkbox"/> Roller Skating | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bow Hunting | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Xeroxing | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cigarette Rolling | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Coffee Making | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Pig Latin | <input type="checkbox"/> _____ |

Please draw a map:

OFFICIAL USE ONLY

Date:	Day	Month	Year	Initial: