

Application for Permission to Date My Daughter

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

1. Name _____
 1. Alias: _____
 2. Nickname: _____
2. Height _____ feet, _____ inches; Weight _____ lbs. IQ _____ GPA _____
3. Social Security Number _____ - _____ - _____
4. Driver's license number: _____ State _____
5. Home Address _____ City _____ State _____
6. Boy Scout rank _____
7. How fast can you run 40 yards? _____ seconds; Two Miles _____ minutes
8. Church you attend _____ How often? _____
9. In 50 words or less, explain what "late" means to you.

10. In 50 words or less, explain what "don't touch my daughter" means to you.

11. Complete the following sentences:
 1. If I were to be shot, the last place I would want to be shot is _____
 2. If I were to be beaten, the last bone I would want broke is _____
 3. The one thing I hope this application does not ask is _____
 4. In the unfortunate event of my untimely death, I would like my ashes scattered _____
12. What do you want to be if you grow up? _____
13. Have you ever been fingerprinted? ___ Yes ___ No
14. Do you have any identifying marks, e.g. birth marks, scars, tattoos)? If yes, please explain and give location:

15. My dentist is _____ City _____ State _____

I hereby swear that all the information supplied above is true and correct to the best of my knowledge under penalty of death and dismemberment.

Signed _____ Date _____

Thank you for your interest. Please allow 4-6 years for processing. You will be contacted in writing if you are approved. Please do not call, write or e-mail. Any attempts to contact us during this application process could be hazardous to your health and/or cause serious personal injury.

