



Returned Missionary Dating Application-South Africa Johannesburg

Due to the overwhelming demand for returned missionaries, this form has been established in an effort to qualify the prospective candidates. This form must be filled out by all desiring dating privileges to returned missionaries. Complete cooperation is requested in filling out this form. Use only correct and pertinent information. If any additional help is required due to underqualification, comestibles and photos are accepted as bribes. Please remember 2 Nephi 9:34 while filling out this form.

Information of Returned Missionary This section is to be filled out by returned missionary

Returned missionary's name (First, MI, Last)	Place of Origin (pre-mission)	Years Served	Time since return	Favorite Color
		to	mo. yrs.	

Identification Type or print all requested information using black or blue ink

Name (first, middle, last)	Date of Birth(month, day, year)	Are you:	Gender
		<input type="checkbox"/> Over 21 <input type="checkbox"/> Under 21 <input type="checkbox"/> Under 18 <input type="checkbox"/> Under 16 <input type="checkbox"/> Still in primary	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> ?
Home Street Address	Email address	Home Phone	Work Phone
		()	()
City	ST	Zip/Postal code	Were you: <input type="checkbox"/> Born <input type="checkbox"/> Adopted <input type="checkbox"/> Hatched <input type="checkbox"/> Kidnapped <input type="checkbox"/> Found on front porch <input type="checkbox"/> Government reject <input type="checkbox"/> Fell from sky <input type="checkbox"/> Other
Height	Weight (please be honest, this is confidential)	Color of hair	Natural color of hair
			Eye color
			Ring size (VERY important)
			Marital Status
			<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Other (if other, tear up form)

Family Background

Do you live with your parents? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is there enough room for you to continue living there after marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you do not live with parents, where do you live?	Is your refrigerator always stocked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why
Do you have smaller brothers or sisters? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can they be bribed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: With what	How much	For how long
Is there a history of mental illness in your family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any royal blood? <input type="checkbox"/> Yes <input type="checkbox"/> No	How about horse thieves? <input type="checkbox"/> Yes <input type="checkbox"/> No	WWF Wrestlers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Crazed 6-foot Albanian Dwarfs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your Father friendly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does he own a gun? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what caliber?	Has he ever used it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is he a: <input type="checkbox"/> Good Shot <input type="checkbox"/> Fair Shot <input type="checkbox"/> Poor Shot <input type="checkbox"/> Expert Shot <input type="checkbox"/> Deadly Shot <input type="checkbox"/> Big Shot <input type="checkbox"/> Cheap Shot <input type="checkbox"/> Rabies Shot <input type="checkbox"/> 3-point Shot
Does your dad give temple recommend interviews to your dates? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do your parents approve of returned missionaries? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?		
If parents are sealed, in which temple were they sealed?	Do you want to be sealed there as well? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any weird additional information about your family:		
Do you have a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No	How big?	What kind?	Does he bite? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does he have his shots? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Can he be out-run? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever tried feeding peanut butter or bubble gum to a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Information

Have you ever seen the C.E.S. video "Godly Sorrow" about the girl who can't go to the temple? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your testimony: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/> Changeable <input type="checkbox"/> None	How often do you bear your testimony?	On a separate page, please write your testimony (not thank-a-mony or travel-log)
Do you go to church: <input type="checkbox"/> Every week <input type="checkbox"/> Every other week <input type="checkbox"/> Three times a month <input type="checkbox"/> Once a month <input type="checkbox"/> Twice a year <input type="checkbox"/> Wouldn't be caught dead there <input type="checkbox"/> Never heard of it*	*Would you like to know more about the LDS church, eternal families and other fun stuff? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a seminary graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive your Young Woman's or Eagle scout (as applicable) award? <input type="checkbox"/> Yes <input type="checkbox"/> No	What callings have you had?	
Did you graduate from: <input type="checkbox"/> Grade School <input type="checkbox"/> Jr. High <input type="checkbox"/> High School <input type="checkbox"/> Trade School <input type="checkbox"/> College <input type="checkbox"/> Charm school	School name for highest education achieved, major, and year of graduation	G.P.A.	If illiterate, please provide name of the person filling this out.
Do you: <input type="checkbox"/> Please easily <input type="checkbox"/> Gossip <input type="checkbox"/> Anger easily <input type="checkbox"/> Stay Mad <input type="checkbox"/> Snore <input type="checkbox"/> Covet easily	Any other shortcoming?	Are YOU also a returned missionary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sense of humor: <input type="checkbox"/> Fair <input type="checkbox"/> Hilarious <input type="checkbox"/> Giggly <input type="checkbox"/> Grin <input type="checkbox"/> Chuckle <input type="checkbox"/> Dead
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	For how long?	Monthly income
Number, in order your first 8 favorite dishes: _____	_____ Big Mac _____ Steak and Lobster _____ Hot Dogs _____ Seafood _____ Pizza _____ Peanutbutter Sandwiches _____ Top Ramen _____ Macaroni and Cheese _____ Corn _____ Mexican food _____ Low/Non fat stuff _____ Cultural dishes from the mission field _____ Tuna fish _____ Chocolate Cake _____ Spam _____ Other: _____	Would you consider submitting a sample? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you cook? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Well? (1-10)	What do you like to cook?	
Can you Sew? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Well? (1-10)	Do you make your own clothes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wear your own clothes? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Can you cut hair? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you play the piano? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you dress mostly in: <input type="checkbox"/> Dresses <input type="checkbox"/> Skirts <input type="checkbox"/> Blouses <input type="checkbox"/> Sweaters <input type="checkbox"/> Polo shirts <input type="checkbox"/> Shorts <input type="checkbox"/> Sleeveless <input type="checkbox"/> Pants <input type="checkbox"/> Turtle neck <input type="checkbox"/> T-shirts <input type="checkbox"/> Suit & Tie <input type="checkbox"/> Whatever's Clean!	Do you dress modestly? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, Why?	
If you had a choice between elegant and casual clothing, which would you prefer? <input type="checkbox"/> Elegant <input type="checkbox"/> Casual	What color of lipstick do you prefer?	Do you use makeup? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how much? <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Caked on
If yes, why?		Is it very necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Languages in addition to english that you speak:	Ever heard of the commitment pattern? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your favorite reading material?	Which form of literature do you read? <input type="checkbox"/> Scriptures <input type="checkbox"/> Novels <input type="checkbox"/> Classics <input type="checkbox"/> Comic Books <input type="checkbox"/> Cosmo type mags <input type="checkbox"/> New Era <input type="checkbox"/> Friend <input type="checkbox"/> S.I. or G.Q. <input type="checkbox"/> Mad Mag. <input type="checkbox"/> Tracting pamphlets <input type="checkbox"/> Tabloids <input type="checkbox"/> Computer stuff		
Favorite Color	Favorite TV Show	Favorite Sport	Favorite form of recreation
Do you drink? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which? <input type="checkbox"/> Hot Chocolate <input type="checkbox"/> Coke <input type="checkbox"/> Root Beer <input type="checkbox"/> Water <input type="checkbox"/> Milk <input type="checkbox"/> Diet Coke <input type="checkbox"/> Sprite <input type="checkbox"/> Other (please specify)	Are you: <input type="checkbox"/> Soft spoken <input type="checkbox"/> Loud spoken <input type="checkbox"/> Spoken for <input type="checkbox"/> Other	
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what for?	Music Preference:	Would you be willing to sacrifice your music for the Music starved RM? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many children do you want and expect to have?	If over 12, why?	If under 4, why?	
In light of our priesthood leader's council for longer courtships and shorter engagements, length of engagement preferred: _____ (If over 6 months, tear up form)	Is an expensive engagement ring/wedding/wedding dress more important to you than financial stability for the first few years of marriage when so many relationships end due to monetary problems? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What size of diamond do you require or desire? _____	Enter the amount you THINK this will cost: _____		What is your idea of a perfect honeymoon?
DO YOU KNOW HOW MUCH THAT WILL COST?			
In what occupation would you prefer your Spouse?	Are you willing to put your Spouse through school? <input type="checkbox"/> Yes <input type="checkbox"/> No	How do you feel about Pres. Benson's exhortation that women stay at home, raise kids and not work? <input type="checkbox"/> Like it <input type="checkbox"/> Don't like it	Will you support your spouse in his/her callings? <input type="checkbox"/> Yes <input type="checkbox"/> No

