

LICENSE TO LIVE VALID FOR ONE YEAR

Mr./Ms.

Place of birth Year of Birth

Profession

Nationality

Mode of acquisition of that nationality: __birth __marriage __naturalization

License to Live No. of significant other (if applicable)

License to Live Nos. of children (if applicable)

Place of residence at time of granting of License

Endorsement(s) Military Status



AFFIX PHOTO HERE

For ST Official Use Only

P _____ CT _____ A _____ SF _____

Exp. _____ Restrictions _____

DESCRIPTION

Height Weight Haircut Sex

Disease Blood type

Eyes Cephalic index

Body shape Overall shape of face

Distinguishing features

FINGERPRINT: SIGNATURE OF PERMIT HOLDER:

DATE: _____

Information:
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BUSINESS REPLY MAIL

POSTAGE
NECESSARY
IF MAILED

