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# YOU ARE VITAL

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STACEY L. KIRBY

THE BUREAU OF PERSONAL BELONGING:  
Vital Records

February 15-26, 2021

[Greensboro Project Space](#), Greensboro, NC

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**CIVIL VALIDATION NOTIFICATION CARD**

DIRECTIONS - Fill in this card and return it to the Civil Validation Officer. Card to be mailed during threat or attack to any person who might be concerned about your validation.

DESCRIBE YOUR FAMILY/LIFESTYLE AND RESPONSE TO LEGISLATION OR EXECUTIVE ORDERS PASSED IN THE BOX BELOW

[Large dashed box for describing family/lifestyle and response to legislation]

I AM WE ARE VALID AND DESERVE FULL CIVIL RIGHTS IN THE UNITED STATES.

SIGNATURE

DATE

Form 801 (October 2018)

CIVIL VALIDATION RECEIPT NO. YOU ARE A VALID PART OF THE UNITED STATES. YOU DESERVE TO BE HONORED AS SUCH BY HAVING ACCESS TO BATHROOMS, VOTING, EDUCATION, HEALTHCARE, MARRIAGE AND CITIZENSHIP REGARDLESS OF YOUR SEXUALITY, GENDER, RACE, CLASS OR COUNTRY OF ORIGIN.

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DATE

OFFICER

CIVIL VALIDATION DEPARTMENT OFFICIAL BUSINESS

(THIS CARD FOR USE ONLY IN DEFENSE OF VALIDITY OF ALL FAMILIES AND LIFESTYLES AS INDICATED ON REVERSE SIDE)

POSTAGE REQUIRED

THIS SIDE OF CARD IS FOR ADDRESS

[Large box for address]

POSTMASTER: THIS CARD MUST BE GIVEN PRIORITY IN DISTRIBUTION AND DISPATCH. STATE AND FEDERAL GOVERNMENT ARE PASSING LEGISLATION RESTRICTING CIVIL RIGHTS IN THE UNITED STATES. ALL VOICES MUST BE HEARD NOW.

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SHARE IN THE VALIDATION. GIVE THIS CARD TO ANOTHER PERSON IN YOUR COMMUNITY AND RECOGNIZE THEIR CIVIL RIGHTS. WE ARE ALL VALID. LET YOUR VOICE BE HEARD! TELL PUBLIC OFFICIALS THAT YOU SUPPORT CIVIL RIGHTS FOR ALL!!

**VOTER INSTRUCTIONS**

- (A) REVIEW BALLOT QUESTION BELOW.
- (B) WRITE ALL CANDIDATES IN THE SPACE PROVIDED. PLACE AN 'X' TO THE RIGHT OF YOUR SELECTIONS.
- (C) STEP INTO GREEN CURTAIN OF VOTING PRECINCT TO CAST YOUR BALLOT. THE PRECINCT OFFICER ON DUTY WILL PROCESS YOUR BALLOT. VOTING IS SELF-GUIDED IF THE OFFICER IS OFF DUTY.
- (D) IF YOU TEAR, SOIL, DEFACE OR ERRONEOUSLY MARK THIS BALLOT, YOU MUST OBTAIN ANOTHER BALLOT.

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STYLE 100 (12/14)

**OFFICIAL BALLOT** BOARD OF ELECTIONS, U.S.A.

BALLOT QUESTION:	
WHAT OBSTACLES DO YOU OVERCOME TO VOTE ?	
X	

WRITE IN ALL CANDIDATES. MARK X WITH PEN OR PENCIL.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

BALLOT No. \_\_\_\_\_

VOTING RECEIPT      BALLOT No. \_\_\_\_\_

**YOUR VOTE COUNTS.**

THIS BALLOT HAS BEEN SUBMITTED.  
AUTHORIZED PRECINCT OFFICERS WILL COUNT  
EACH BALLOT BY HAND TO ENSURE  
ALL VOTES ARE COUNTED.

OFFICER INITIALS	DATE
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POSTAGE  
REQUIRED

**BUREAU OF PERSONAL BELONGING  
OFFICIAL BALLOT**

REPRESENTATIVE \_\_\_\_\_  
RALEIGH, NC \_\_\_\_\_

VOTER'S CURRENT ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

IF PRECINCT OFFICER IS OFF DUTY, PLEASE WRITE IN YOUR  
ADDRESS AND A RECEIPT WILL BE MAILED TO YOU.  
\_\_\_\_\_  
ALL BALLOTS WILL BE COUNTED AND MAILED TO  
A NORTH CAROLINA REPRESENTATIVE.

TO BE COMPLETED BY AUTHORIZED PRECINCT OFFICER

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**Power of the Ballot**

MICHIGAN DEPARTMENT OF COMPLIANCE

DEPARTMENT USE ONLY	
VALID IDENTIFICATION	<input type="checkbox"/> Y <input type="checkbox"/> N
BIRTH CERTIFICATE	<input type="checkbox"/> Y <input type="checkbox"/> N
APPLICATION #	

ARTPRIZE # 64561

PERMIT #

APPLICATION FOR RESTROOM FACILITY PERMIT

Please TYPE or PRINT all information requested clearly

DATE / / 2016	
1. TYPE OF APPLICATION (Check all applicable boxes) <input type="checkbox"/> Restroom Access <input type="checkbox"/> Renewal <input type="checkbox"/> Initial (New) <input type="checkbox"/> Modification	2. APPLICANT IS <input type="checkbox"/> Owner <input type="checkbox"/> User
3. NAME	4. FACILITY/LOCATION ARTPRIZE
Address	Address 50 MONROE AVENUE NW
City	City GRAND RAPIDS
State/Zip Code	State/Zip Code MICHIGAN / 49503
5. AGE	6. HEIGHT
7. SEX	8. GENDER IDENTITY
9. THE PARTY RESPONSIBLE FOR DETERMINING APPLICANTS' SEX:	10. THE PARTY RESPONSIBLE FOR DETERMINING APPLICANTS' GENDER IDENTITY:
LEAVE THIS BOX BLANK - DEPARTMENT USE ONLY	

MICHIGAN DEPARTMENT OF COMPLIANCE

### RESTROOM FACILITY PERMIT

CERTIFICATION:  
I hereby affirm under penalty of perjury that a permit for facility usage has been approved and issued by the facility officer on duty to the below applicant at the facility indicated on reverse.

Applicant Name (print clearly)

Facility permit has been issued based on a citizen's civil rights as deemed by the Civil Rights Act of 1964 of the United States of America. To the best of my knowledge I possess the authority to sign this restroom facility permit.

Applicant Name (signature) Date

Facility Officer on Duty (signature) Date


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11. HOW DOES THE APPLICANT DETERMINE OTHER PEOPLE'S GENDER IDENTITY?

12. PLACE AN "X" WHERE APPLICANT FALLS ON THE CONTINUUM BELOW

feminine ----- masculine

13. INCLUDE BELOW ANY RESPONSE OR QUESTIONS RELATED TO STATE LEGISLATION BASED ON SEX (AS INDICATED ON A BIRTH CERTIFICATE)



PLACE AN 'X' WHERE YOUR GENDER IDENTITY ORIGINATES

14. CERTIFICATION:  
I hereby affirm under penalty of perjury that information on this form was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this application pursuant 150 NCDOC Part 250. I am aware any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.15.

15. APPLICANT SIGNATURE

APPLICATION #

POSTAGE REQUIRED

BUREAU OF PERSONAL BELONGING RESTROOM FACILITY PERMIT APPLICATION



POSTMASTER: THIS CARD MUST BE GIVEN PRIORITY IN DISTRIBUTION AND DISPATCH. GOVERNOR SNYDER AND THE M.I. GENERAL ASSEMBLY ARE PASSING LEGISLATION RESTRICTING CIVIL RIGHTS IN MICHIGAN. ALL VOICES MUST BE HEARD NOW.

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I AM

BUREAU OF PERSONAL BELONGING

COMPLAINTS DEPARTMENT

STYLE 200 (02/2017)

COMPLAINT(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED BY: OFFICER \_\_\_\_\_ DATE: / /

SIGNED: OFFICER \_\_\_\_\_

COMPLAINANT \_\_\_\_\_ IN REPLY REFER TO FILE NO. \_\_\_\_\_

**G.S 10B-43 NOTARIAL CERTIFICATE FOR AN OATH OR AFFIRMATION**

\_\_\_\_\_ County, NORTH CAROLINA

Signed and sworn to before me this day by \_\_\_\_\_  
*Name of principal*

Date: \_\_\_\_\_

(Official Seal)

\_\_\_\_\_  
*Official Signature of Notary*

\_\_\_\_\_, Notary Public  
*Notary's printed or typed name*

My commission expires: \_\_\_\_\_

Serial No.  
U.S.

D.O.B.	/	/
ALIEN STATUS	<input type="checkbox"/> Y	<input type="checkbox"/> N

### CIVIL PRESENCE TAG

FULL NAME \_\_\_\_\_

LOCATION OF BIRTH (city/town/village and state) \_\_\_\_\_

CURRENT RESIDENCE (city/town/village and state) \_\_\_\_\_



CIVIL PRESENCE DETERMINATION	
PRESENCE	ABSENCE
OFFICER SIGNATURE	DATE OF ISSUANCE

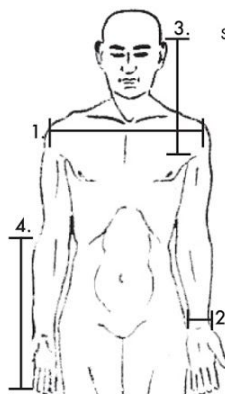
CIVILIAN RESPONSE/STATEMENT OF PRESENCE

\_\_\_\_\_

CIVILIAN SIGNATURE

STYLE 300 (06/2019)

SUPPLEMENTAL RECORD



MEASUREMENTS OF PHYSICAL PRESENCE		
1. Shoulders	inches	
2. Wrists	inches	
3. Heart to Head	inches	
4. Fingertip to Elbow	inches	
HEIGHT	feet	inches
EYE COLOR	<input type="checkbox"/> Black	<input type="checkbox"/> Pink
	<input type="checkbox"/> Gray	<input type="checkbox"/> Brown
	<input type="checkbox"/> Maroon	<input type="checkbox"/> Hazel
	<input type="checkbox"/> Green	<input type="checkbox"/> Blue
	<input type="checkbox"/> Other	
WOUNDS, BRUISES OR OTHER INJURIES		

INSTRUCTIONS IN THE EVENT OF DEATH

INSTRUCTIONS FOR TAGGING

METHOD 1  
SINGLE LOOP OVER HEAD AND AROUND NECK

METHOD 2  
DOUBLE LOOP AROUND LIMB. PASS TAG THRU LOOP AND PULL SNUG

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R. THUMB	R. INDEX	METHOD OF DATA COLLECTION	<input type="checkbox"/> Y <input type="checkbox"/> N
		FIELD INVESTIGATION	<input type="checkbox"/> Y <input type="checkbox"/> N
		PERSONAL INTERVIEW	<input type="checkbox"/> Y <input type="checkbox"/> N
		OFFICER INITIALS	

Serial No.  
U.S.

R. THUMB	R. INDEX	DEPARTMENT USE ONLY	RECIPIENT OF STATEMENT
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U.S. CIVILIAN PRESENCE PRINTING OFFICE

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# CIVIL PRESENCE

CERTIFICATE OF VITAL RECORD

UNITED STATES OF AMERICA

CERTIFICATE OF DEATH  
STATE OF NORTH CAROLINA

STATE FILE - CERTIFICATE NUMBER

DEATH	1. NAME/DESCRIPTION OF DECEASED	2. DATE OF DEATH (MONTH, DAY, YEAR)
	3. PLACE OF DEATH	4. CAUSE OF DEATH
BIRTH	5. PLACE OF BIRTH	6. DATE OF BIRTH (IF KNOWN)
	7. NAME OF INFORMANT REPORTING DEATH	8. RELATIONSHIP TO DECEASED
INFORMANT AND WITNESS	9. INFORMANT SIGNATURE	10. WITNESS SIGNATURE
	DATE: / /	DATE: / /

CERTIFIED VITAL RECORD  
UNITED STATES OF AMERICA

THIS IS A TRUE CERTIFIED DOCUMENT  
OFFICIALLY REGISTERED AND PLACED ON FILE IN THE  
U.S. DEATH DEPARTMENT'S OFFICE OF VITAL RECORDS

STACEY L. KIRBY  
CHIEF OFFICER OF VITAL RECORDS  
U.S. DEATH DEPARTMENT

STYLE 500 (03/2020)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

The Death Department acknowledges that the informant as listed on the certificate has reported the aforementioned death. The Department emphasizes that this death is a part of the cycle of transformation and rebirth.

DATE

OFFICER SIGNATURE

DEATH No. RECEIPT

Vital Records: The Death Department



