



Michigan Adoption Resource Exchange
P.O. Box 980789 • Ypsilanti, MI 48198 • (800) 589-MARE
www.mare.org

For MARE use only

Registered by Family
 Worker
Post Mark Date _____
MARE # _____
Approval Date _____
Approved By _____

FAMILY REGISTRATION FORM

FAMILY INFORMATION

FIRST APPLICANT

Name: _____
Date of Birth: _____
Gender: _____
Marital Status: _____
Race: _____
Occupation: _____
Religion: _____

SECOND APPLICANT

Name: _____
Date of Birth: _____
Gender: _____
Marital Status: _____
Race: _____
Occupation: _____
Religion: _____

Family's Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Family's email: _____ Family Phone: _____

CHILDREN IN HOME

First Name	Date of Birth	Gender	Race	Relationship
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FAMILY DESCRIPTION

Describe family's interests, personalities, and family relationships.

TYPE OF CHILDREN FOR WHICH FAMILY IS APPROVED TO ADOPT

Gender (circle one) Male Female Both **Age Range:** _____ **Siblings?** _____

No. of Siblings: _____ **Race(s):** _____

Please check the impairments the family is willing to consider:

- Physical** **Please explain:** _____
- Emotional** **Please explain:** _____
- Mental** **Please explain:** _____
- Learning** **Please explain:** _____

Please describe any impairments, conditions, and behaviors that the family does not wish to consider:

Please add any other applicable information about the family, such as parenting experience or strengths:

AGENCY INFORMATION

Date Family Assessment/Homestudy approved: _____

Worker Phone No. ext. e-mail address

Agency

Agency address City Zip