

## 9. The respondents

### Respondent 1

Respondent's first name	<input type="text"/>										
Middle name(s)	<input type="text"/>										
Surname	<input type="text"/>										
Previous surnames (if known)	<input type="text"/>										
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female										
Place of birth (town/county/country, if known)	<input type="text"/>										
Nationality(ies)	<input type="text"/>										
Address	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>										
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										
Home telephone number	<input type="text"/>										
Mobile telephone number	<input type="text"/>										
Email address	<input type="text"/>										
Have they lived at this address for more than 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know										
	If No, please provide all previous addresses for the last 5 years below, if known. <div style="border: 1px solid black; height: 60px; width: 100%;"></div>										
Did this person remove or retain the child(ren)?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Relationship to the child(ren)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4f81bd; color: white;"> <th style="text-align: left;">Name of child</th> <th style="text-align: left;">Relationship</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table>	Name of child	Relationship								
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