

**Part 7 Details of the children**

See the supporting notes for guidance

**Children of the family**

Full names of the children of the family	Gender		Date of birth (or state if over 18) (dd/mm/yyyy)	Over 16 but under 18 and in education, training or working full time	(a) Child of both parties	(b) Other child of the family
	male	female				
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Children of either party who are not children of the family**

Full names of the children of either party who are not children of the family	Gender		Date of birth (or state if over 18) (dd/mm/yyyy)	Born to or adopted by Petitioner	Born to or adopted by Respondent
	male	female			
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div> </div> <div> <div>M</div><div>M</div> </div> <div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>