

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>M</div><div>M</div>/ <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <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>M</div><div>M</div>/ <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <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>M</div><div>M</div>/ <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <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>M</div><div>M</div>/ <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <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>M</div><div>M</div>/ <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <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>M</div><div>M</div>/ <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <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>M</div><div>M</div>/ <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div></div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div>/ <div>M</div><div>M</div>/ <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div></div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div>/ <div>M</div><div>M</div>/ <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div></div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div>/ <div>M</div><div>M</div>/ <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div></div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div>/ <div>M</div><div>M</div>/ <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div></div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<div> <div>D</div><div>D</div>/ <div>M</div><div>M</div>/ <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div></div>	<input type="checkbox"/>	<input type="checkbox"/>