```
<!DOCTYPE html>
<html>
<head>
    <title>HTML5 Form Elements</title>
</head>
<body>
<form action="/submit_form" method="post">
    <label for="dob">Date of Birth:</label><br>
    <input type="date" id="dob" name="dob"><br>
    <label for="number">Number:</label><br>
    <input type="number" id="number" name="number" min="1" max="100"><br>
    <label for="range">Range:</label><br>
    <input type="range" id="range" name="range" min="1" max="100"><br>
    <label for="email">Email:</label><br>
    <input type="email" id="email" name="email"><br>
    <label for="search">Search:</label><br>
    <input type="search" id="search" name="search"><br>
```

## </form>

