<!DOCTYPE html>

<html>

<head>

<meta charset="UTF-8">

<title>Formulário</title>

</head>

<body>

<form method="post" action="mailto:natalia\_joana@unigranrio.edu.br" id="fcontato">

<fieldset id="usuario"><legend>Identificação do Usuário</legend>

<p>Nome: <input type="text" name="tnome" id="cnome" size="50" maxlength="100" autofocus placeholder="Seu nome Completo"></p>

<p>Senha: <input type="password" name="tsenha" id="csenha" size="8" maxlength="8" placeholder="8 dígitos"></p>

<p>Email: <input type="email" name="tmail" id="cmail" size="50" maxlength="50"></p>

<p>Telefone: <input type="tel" name="ttel" id="ctel" size="15" maxlength="15" pattern="\([0-9]{2}\)[0-9]{4,5}-[0-9]{4}$" title="Digite o telefone no formato: (xx)xxxxx-xxxx"></p>

<fieldset id="sexo"><legend>Sexo:</legend>

<input type="radio" name="tsexo" id="cmasc" checked><label for="cmasc">Masculino</label> <br>

<input type="radio" name="tsexo" id="cfem"><label for="cfem">Feminino</label>

</fieldset>

<p>Data de Nascimento: <input type="date" name="tnasc" id="cnasc"></p>

</fieldset>

</form>

</body>

</html>