

# Personal Profile

Given name:	<input type="text"/>	*
	(Please enter a value)	
Family Name:	<input type="text"/>	*
	(Please enter a value)	
Additional name:	<input type="text"/>	*
	(Please enter a value)	
Address:	<input type="text"/>	*
	(Please enter a value)	
Award:	<input type="text"/>	*
	(Please enter a value)	
Social number:	<input type="text"/>	*
	(Please enter a value)	
Call sign:	<input type="text"/>	*
	(Please enter a value)	
Contact point:	<input type="text"/>	*
	(Please enter a value)	
Date of birth:	<input type="text"/>	*
	(Please enter the date in the format dd-mm-yyyy)	
Place of birth:	<input type="text"/>	*
	(Please enter a value)	
Date of death:	<input type="text"/>	*
	(Please enter the date in the format dd-mm-yyyy)	
Place of birth:	<input type="text"/>	*
	(Please enter a value)	
Email:	<input type="text"/>	*
	(Please enter a value)	
Fax number:	<input type="text"/>	*
	(Please enter a value)	
Gender:	<input type="text"/>	*
	(Please enter a value)	
Global Location Number:	<input type="text"/>	*
	(Please enter a value)	
Height:	<input type="text"/>	*
	(Please enter a value)	
Home Location:	<input type="text"/>	*
	(Please enter a value)	
Honorific Prefix:	<input type="text"/>	*
	(Please enter a value)	
Honorific Suffix:	<input type="text"/>	*
	(Please enter a value)	
Job title:	<input type="text"/>	*
	(Please enter a value)	
Knows About:	<input type="text"/>	*
	(Please enter a value)	
Knows Language:	<input type="text"/>	*
	(Please enter a value)	
Nationality:	<input type="text"/>	*
	(Please enter a value)	
Perform In:	<input type="text"/>	*
	(Please enter a value)	
Publishing Principles:	<input type="text"/>	*
	(Please enter a value)	
Seek:	<input type="text"/>	*
	(Please enter a value)	
TaxId:	<input type="text"/>	*
	(Please enter a value)	

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(Please enter the date in the format dd-mm-yyyy)

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(Please enter the date in the format dd-mm-yyyy)

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\*(This field is required)