

> Given Name:	<input type="text"/>
> Family Name:	<input type="text"/>
> Address:	<input type="text"/>
> ChoiceField:	<input type="text"/>
> Postcode:	<input type="text"/> City: <input type="text"/>
> Country:	<input type="text"/>
> Checkbox:	<input type="checkbox"/> <input checked="" type="checkbox"/> unchecked: