```
 1  <!DOCTYPE html>
 2  <html>
 3  <head>
 4      <!--
 5          JavaScript 6th Edition
 6          Chapter 6
 7          Hands-on Project 6-2
 8
 9          Author: Dylan  S
10          Date:   4/1/2019
11
12          Filename: index.htm
13      -->
14      <meta charset="utf-8" />
15      <meta name="viewport" content="width=device-width, initial-scale=1.0">
16      <title>Hands-on Project 6-2</title>
17      <link rel="stylesheet" href="styles.css" />
18      <script src="modernizr.custom.65897.js"></script>
19  </head>
20
21  <body>
22      <header>
23          <h1>
24              Hands-on Project 6-2
25          </h1>
26      </header>
27
28      <article>
29          <h2>Personal Information</h2>
30          <form action="results.htm" novalidate>
31            <div id="errorText"></div>
32            <div id="numErrorText"></div>
33            <fieldset id="contactinfo">
34              <label for="addrinput">
35                Street Address
36              </label>
37              <input type="text" id="addrinput" name="Address" required="required"
    placeholder="number and street name" />
38              <label for="cityinput">
39                City
40              </label>
41              <input type="text" id="cityinput" name="City" required="required" />
42              <label for="stateinput">
43                State/Province
44              </label>
45              <input type="text" id="stateinput" name="State" required="required" />
46              <label for="zipinput">
47                Zip/Postal Code
48              </label>
49              <input type="number" id="zipinput" name="Zip" required="required" />
50              <label for="ssn1">
51                Social Security Number
52              </label>
53              <input type="number" id="ssn1" name="SSN1" class="ssn" maxlength="3"
    required="required" />
54              <label for="ssn2" id="ssn2label">
55                Social Security Number (continued)
56              </label>
57              <input type="number" id="ssn2" name="SSN2" class="ssn" maxlength="2"
    required="required" />
58              <label for="ssn3" id="ssn3label">
59                Social Security Number (end)
60              </label>
61              <input type="number" id="ssn3" name="SSN3" class="ssn" maxlength="4"
    required="required" />
```

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62            </fieldset>
63            <fieldset id="submitsection">
64                <input type="submit" id="submitBtn" value="Submit" />
65            </fieldset>
66        </form>
67
68    </article>
69    <script src="script.js"></script>
70 </body>
71 </html>
72
```