<form action="results.html" method="GET" enctype="multipart/form-data">

    <div>

      <label for="First name">First Name</label>

      <input type="text" name="First Name" id="First Name" required>

  </div>

  <div>

    <label for="Last Name">Last Name</label>

    <input type="text" name="Last Name" id="Last Name" required>

</div>

  <div>

    <label for="email">Email</label>

    <input type="email" name="email" id="email" required>

  </div>

  <div>

    <label for="age">Age</label>

    <input type="number" name="age" id="age" min="1" max="120" step="1">

  </div>

  <div>

    <label for="date">Birthdate</label>

    <input type="date" name="date" id="date" min="1902-01-01">

  </div>

  <div>

    Gender

    <div>

      <label for="male">Male</label>

      <input type="radio" name="gender" id="male" value="male">

    </div>

    <div>

      <label for="female">Female</label>

      <input type="radio" name="gender" id="female" value="female">

    </div>

    <div>

        <label for="others">Others</label>

        <input type="radio" name="gender" id="others" value="others">

      </div>

  </div>

  <div>

    <label for="phone">Phone</label>

    <input type="tel" name="phone" id="phone">

  </div>

  <div>

    <label>

      Password

      <input type="password" name="password" required>

    </label>

  </div>

  <button type="Modify">Modify</button>

  <button type="Save">Save</button>

</form>