

## PDF Form Example

This is an example of a user fillable PDF form. Normally PDF is used as a final publishing format. However PDF has an option to be used as an entry form that can be edited and saved by the user.

The fields of this form have been selected to demonstrate as many as possible of the common entry fields.

This document and PDF form have been created with OpenOffice (version 3.4.0).

To fill out the form, make sure the PDF file is not read-only. If the file is read-only save it first to a folder or computer desktop. Close this file and open the saved file.

Please fill out the following fields. Important fields are marked yellow.

|                                               |                                  |                                   |                                    |                                |
|-----------------------------------------------|----------------------------------|-----------------------------------|------------------------------------|--------------------------------|
| Given Name:                                   | <input type="text"/>             |                                   |                                    |                                |
| Family Name:                                  | <input type="text"/>             |                                   |                                    |                                |
| Address 1:                                    | <input type="text"/>             | House nr:                         | <input type="text"/>               |                                |
| Address 2:                                    | <input type="text"/>             |                                   |                                    |                                |
| Postcode:                                     | <input type="text"/>             | City:                             | <input type="text"/>               |                                |
| Country:                                      | <input type="text"/>             |                                   |                                    |                                |
| Gender:                                       | <input type="text"/>             |                                   |                                    |                                |
| Height (cm):                                  | <input type="text"/>             |                                   |                                    |                                |
| Driving License:                              | <input type="checkbox"/>         |                                   |                                    |                                |
| I speak and understand (tick all that apply): |                                  |                                   |                                    |                                |
| <input type="checkbox"/> Deutsch              | <input type="checkbox"/> English | <input type="checkbox"/> Français | <input type="checkbox"/> Esperanto | <input type="checkbox"/> Latin |
| Favourite colour:                             | <input type="text"/>             |                                   |                                    |                                |

**Important:** Save the completed PDF form (use menu File - Save).