

Name: \_\_\_\_\_ Court: \_\_\_\_\_ Seeming: \_\_\_\_\_  
 Player: \_\_\_\_\_ Legacies: \_\_\_\_\_ Rich: \_\_\_\_\_  
 Chronicle: \_\_\_\_\_ House: \_\_\_\_\_ Motley: \_\_\_\_\_

**attributes**

Physical		Social		Mental	
Strength	_____ 00000	Charisma	_____ 00000	Perception	_____ 00000
Dexterity	_____ 00000	Manipulation	_____ 00000	Intelligence	_____ 00000
Stamina	_____ 00000	Appearance	_____ 00000	Wits	_____ 00000

**abilities**

Talents		Skills		Knowledges	
Alertness	_____ 00000	Animal Ken	_____ 00000	Academics	_____ 00000
Athletics	_____ 00000	Crafts	_____ 00000	Computer	_____ 00000
Brawl	_____ 00000	Drive	_____ 00000	Enigmas	_____ 00000
Empathy	_____ 00000	Etiquette	_____ 00000	Gremayre	_____ 00000
Expression	_____ 00000	Firearms	_____ 00000	Investigation	_____ 00000
Intimidation	_____ 00000	Larceny	_____ 00000	Law	_____ 00000
Kenning	_____ 00000	Melee	_____ 00000	Medicine	_____ 00000
Leadership	_____ 00000	Performance	_____ 00000	Politics	_____ 00000
Streetwise	_____ 00000	Stealth	_____ 00000	Science	_____ 00000
Subterfuge	_____ 00000	Survival	_____ 00000	Technology	_____ 00000
	_____ 00000		_____ 00000		_____ 00000

**advantages**

Backgrounds		Arts		Realms	
_____	_____ 00000	_____	_____ 00000	Actor	_____ 00000
_____	_____ 00000	_____	_____ 00000	Fae	_____ 00000
_____	_____ 00000	_____	_____ 00000	Nature	_____ 00000
_____	_____ 00000	_____	_____ 00000	Prop	_____ 00000
_____	_____ 00000	_____	_____ 00000	Scene	_____ 00000
_____	_____ 00000	_____	_____ 00000	Time	_____ 00000

_____	Glamour	_____	Health	
_____	0 0 0 0 0 0 0 0 0 0	_____	Real	Chimerical
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	Bruised	<input type="checkbox"/> <input type="checkbox"/>
_____	Willpower	_____	Hurt	-1 <input type="checkbox"/> <input type="checkbox"/>
_____	0 0 0 0 0 0 0 0 0 0	_____	Injured	-1 <input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	Wounded	-2 <input type="checkbox"/> <input type="checkbox"/>
_____	Imbalance	_____	Mauled	-2 <input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	Crippled	-5 <input type="checkbox"/> <input type="checkbox"/>
_____	Nightmare	_____	Incapacitated	<input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	Birthrights/Frailties	
Antichesis	Banality	_____	Ravaging/Using Threshold	
_____	0 0 0 0 0 0 0 0 0 0	_____		
Experience	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____		
<input type="text"/>		_____		