



NAME: \_\_\_\_\_  
 PLAYER: \_\_\_\_\_  
 ASPECT: \_\_\_\_\_

CONCEPT: \_\_\_\_\_  
 NATURE: \_\_\_\_\_  
 HOUSE: \_\_\_\_\_

### ATTRIBUTES

STRENGTH \_\_\_\_\_ ●○○○○ CHARISMA \_\_\_\_\_ ●○○○○ PERCEPTION \_\_\_\_\_ ●○○○○  
 DEXTERITY \_\_\_\_\_ ●○○○○ MANIPULATION \_\_\_\_\_ ●○○○○ INTELLIGENCE \_\_\_\_\_ ●○○○○  
 STAMINA \_\_\_\_\_ ●○○○○ APPEARANCE \_\_\_\_\_ ●○○○○ WITS \_\_\_\_\_ ●○○○○

### ABILITIES

<p><b>AIR</b></p> <input type="checkbox"/> LINGUISTICS _____ ○○○○○ <input type="checkbox"/> LORE _____ ○○○○○ <input type="checkbox"/> OCCULT _____ ○○○○○ <input type="checkbox"/> STEALTH _____ ○○○○○ <input type="checkbox"/> THROWN _____ ○○○○○ <p><b>WATER</b></p> <input type="checkbox"/> BRAWL _____ ○○○○○ <input type="checkbox"/> BUREAUCRACY _____ ○○○○○ <input type="checkbox"/> INVESTIGATION _____ ○○○○○ <input type="checkbox"/> LARCENY _____ ○○○○○ <input type="checkbox"/> SAIL _____ ○○○○○	<p><b>EARTH</b></p> <input type="checkbox"/> AWARENESS _____ ○○○○○ <input type="checkbox"/> CRAFTS _____ ○○○○○ <input type="checkbox"/> ENDURANCE _____ ○○○○○ <input type="checkbox"/> MARTIAL ARTS _____ ○○○○○ <input type="checkbox"/> RESISTANCE _____ ○○○○○ <p><b>WOOD</b></p> <input type="checkbox"/> ARCHERY _____ ○○○○○ <input type="checkbox"/> MEDICINE _____ ○○○○○ <input type="checkbox"/> PERFORMANCE _____ ○○○○○ <input type="checkbox"/> RIDE _____ ○○○○○ <input type="checkbox"/> SURVIVAL _____ ○○○○○	<p><b>FIRE</b></p> <input type="checkbox"/> ATHLETICS _____ ○○○○○ <input type="checkbox"/> DODGE _____ ○○○○○ <input type="checkbox"/> MELEE _____ ○○○○○ <input type="checkbox"/> PRESENCE _____ ○○○○○ <input type="checkbox"/> SOCIALIZE _____ ○○○○○ <p><b>SPECIALTIES</b></p> <input type="checkbox"/> _____ ○○○○○ <input type="checkbox"/> _____ ○○○○○ <input type="checkbox"/> _____ ○○○○○ <input type="checkbox"/> _____ ○○○○○ <input type="checkbox"/> _____ ○○○○○
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### ADVANTAGES

BACKGROUNDS	NAME	COST	NAME	COST
_____ ○○○○○	_____	_____	_____	_____
_____ ○○○○○	_____	_____	_____	_____
_____ ○○○○○	_____	_____	_____	_____
_____ ○○○○○	_____	_____	_____	_____
_____ ○○○○○	_____	_____	_____	_____
_____ ○○○○○	_____	_____	_____	_____
_____ ○○○○○	_____	_____	_____	_____
_____ ○○○○○	_____	_____	_____	_____
_____ ○○○○○	_____	_____	_____	_____
_____ ○○○○○	_____	_____	_____	_____

### WEAPONS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### ANIMA

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### VIRTUE FLAW

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### WILLPOWER

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

### HEALTH

SOAK

B \_\_\_\_\_ L \_\_\_\_\_ A \_\_\_\_\_

-0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-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"/>
-4					<input type="checkbox"/>
INCAPACITATED					<input type="checkbox"/>

### VIRTUES

COMPASSION ●○○○○ □□□□	TEMPERANCE ●○○○○ □□□□
CONVICTION ●○○○○ □□□□	VALOR ●○○○○ □□□□

### ESSENCE

● ○ ○ ○ ○ ○ ○ ○  
 PERSONAL \_\_\_\_\_ | \_\_\_\_\_  
 PERIPHERAL \_\_\_\_\_ | \_\_\_\_\_  
 COMMITTED \_\_\_\_\_

### EXPERIENCE

\_\_\_\_\_





EXPANDED BACKGROUNDS

ALLIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTIFACT

\_\_\_\_\_  
\_\_\_\_\_

BREEDING

\_\_\_\_\_  
\_\_\_\_\_

CONNECTIONS

\_\_\_\_\_  
\_\_\_\_\_

FAMILIAR

\_\_\_\_\_  
\_\_\_\_\_

FAMILY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HENCHMEN

\_\_\_\_\_  
\_\_\_\_\_

MANSE

\_\_\_\_\_  
\_\_\_\_\_

MENTOR

\_\_\_\_\_  
\_\_\_\_\_

RESOURCES

\_\_\_\_\_  
\_\_\_\_\_

POSSESSIONS

GEAR(CARRIED)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EQUIPMENT(OWNED)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LANGUAGES

\_\_\_\_\_  
\_\_\_\_\_

DERANGEMENTS

\_\_\_\_\_  
\_\_\_\_\_

EXPERIENCE

TOTAL: \_\_\_\_\_  
GAINED FROM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXPERIENCE

TOTAL SPENT: \_\_\_\_\_  
SPENT ON:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

