



CURRENT NAME:
 KNOWN NAME:
 TRUE NAME:

NATURE:
 Demeanor:
 OCCUPATION:

PLAYER:
 CHRONICLE:
 BIRTH YEAR:

ATTRIBUTES

PHYSICAL		SOCIAL		MENTAL	
Strength	_____00000000	Charisma	_____00000000	Perception	_____00000000
Dexterity	_____00000000	Manipulation	_____00000000	Intelligence	_____00000000
Stamina	_____00000000	Appearance	_____00000000	Wits	_____00000000

ABILITIES

PHYSICAL		SOCIAL		MENTAL	
Acting	_____00000	Animal Ken	_____00000	Bureaucracy	_____00000
Alertness	_____00000	Drive	_____00000	Computer	_____00000
Athletics	_____00000	Etiquette	_____00000	Finance	_____00000
Brawl	_____00000	Firearms	_____00000	Investigation	_____00000
Dodge	_____00000	Melee	_____00000	Law	_____00000
Empathy	_____00000	Music	_____00000	Linguistics	_____00000
Intimidation	_____00000	Repair	_____00000	Medicine	_____00000
Leadership	_____00000	Security	_____00000	Occult	_____00000
Streetwise	_____00000	Stealth	_____00000	Politics	_____00000
Subterfuge	_____00000	Survival	_____00000	Science	_____00000

ADVANTAGES

MAGIC SKILLS		BACKGROUNDS		VIRTUES	
Alchemy	_____00000	_____	_____00000	Conscience	_____00000
Amulets	_____00000	_____	_____00000	Self-Control	_____00000
Celestial	_____00000	_____	_____00000	Courage	_____00000
Figurines	_____00000	_____	_____00000	Honor	_____00000
Hekau	_____00000	_____	_____00000	Love	_____00000
Necromancy	_____00000	_____	_____00000	Truth	_____00000

OTHER TRAITS

_____	00000
_____	00000
_____	00000
_____	00000
_____	00000

COMBAT

WEAPON	DIFF.	DAMAGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SEKHEM: _____

0	0	0	0	0	0	0	0	0	0	0	0	10s
0	0	0	0	0	0	0	0	0	0	0	0	1s
9	8	7	6	5	4	3	2	1	0			

KA

0	0	0	0	0	0	0	0	0	0	0	0
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BA

0	0	0	0	0	0	0	0	0	0	0	0
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WILLPOWER

0	0	0	0	0	0	0	0	0	0	0	0
<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"/>

HEALTH

Bruised	<input type="checkbox"/>	
Hurt	<input type="checkbox"/>	Extra
Injured	<input type="checkbox"/>	0 <input type="checkbox"/>
Wounded	<input type="checkbox"/>	0 <input type="checkbox"/>
Mauled	<input type="checkbox"/>	0 <input type="checkbox"/>
Crippled	<input type="checkbox"/>	0 <input type="checkbox"/>
Incapacitated	<input type="checkbox"/>	0 <input type="checkbox"/>

EXPERIENCE