

CHARACTER SHEET

Name:
Player:
Chronicle:

Nature:
Demeanor:
Shadow:

Life:
Death:
Regret:

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	Crafts	_____ 00000	Academics	_____ 00000
Athletics	_____ 00000	Drive	_____ 00000	Bureaucracy	_____ 00000
Awareness	_____ 00000	Etiquette	_____ 00000	Computer	_____ 00000
Brawl	_____ 00000	Firearms	_____ 00000	Enigmas	_____ 00000
Empathy	_____ 00000	Larceny	_____ 00000	Investigation	_____ 00000
Expression	_____ 00000	Leadership	_____ 00000	Medicine	_____ 00000
Intimidation	_____ 00000	Meditation	_____ 00000	Occult	_____ 00000
Persuasion	_____ 00000	Melee	_____ 00000	Politics	_____ 00000
Streetwise	_____ 00000	Performance	_____ 00000	Science	_____ 00000
Subterfuge	_____ 00000	Stealth	_____ 00000	Technology	_____ 00000
	_____ 00000		_____ 00000		_____ 00000

Advantages

Backgrounds		Passions	
_____	00000	_____	00000
_____	00000	_____	00000
_____	00000	_____	00000
_____	00000	_____	00000
_____	00000	_____	00000
_____	00000	_____	00000

Arcanoi

_____	00000
_____	00000
_____	00000
_____	00000
_____	00000
_____	00000
_____	00000
_____	00000
_____	00000
_____	00000
_____	00000

Corpus

<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"/>
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Willpower

<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"/>
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Pathos

<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"/>
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Fetters

_____	00000
_____	00000
_____	00000
_____	00000
_____	00000
_____	00000

Experience

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