

DARK KINGDOM FLINT

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	Bureaucracy _____ 00000
Athletics _____ 00000	Drive _____ 00000	Computer _____ 00000
Awareness _____ 00000	Etiquette _____ 00000	Enigmas _____ 00000
Brawl _____ 00000	Firearms _____ 00000	Investigation _____ 00000
Dodge _____ 00000	Leadership _____ 00000	Law _____ 00000
Empathy _____ 00000	Meditation _____ 00000	Linguistics _____ 00000
Expression _____ 00000	Melee _____ 00000	Medicine _____ 00000
Intimidation _____ 00000	Performance _____ 00000	Occult _____ 00000
Streetwise _____ 00000	Repair _____ 00000	Politics _____ 00000
Subterfuge _____ 00000	Stealth _____ 00000	Science _____ 00000

Advantages

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

Fetters

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

Corpus

O O O O O O O O O O <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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Angst

O O O O O O O O O O <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

O O O O O O O O O O <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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Thorns

_____ _____ _____

Experience

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"/>

Dark Passions

_____ 00000
_____ 00000
_____ 00000