

CHANGELING

The Dreaming

Name:
 Player:
 Chronicle:

Court:
 Seelie Legacy:
 Unseelie Legacy:

Seeming:
 Kith:
 House:

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	Computer _____ 00000
Athletics _____ 00000	Drive _____ 00000	Enigmas _____ 00000
Brawl _____ 00000	Etiquette _____ 00000	Gremayre _____ 00000
Dodge _____ 00000	Firearms _____ 00000	Investigation _____ 00000
Empathy _____ 00000	Leadership _____ 00000	Law _____ 00000
Intimidation _____ 00000	Melee _____ 00000	Linguistics _____ 00000
Kenning _____ 00000	Performance _____ 00000	Lore _____ 00000
Persuasion _____ 00000	Security _____ 00000	Medicine _____ 00000
Streetwise _____ 00000	Stealth _____ 00000	Politics _____ 00000
Subterfuge _____ 00000	Survival _____ 00000	Science _____ 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
_____ 00000	_____ 00000	

Other Traits

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

Glamour

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"/>

Willpower

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"/>

Health

	Real	Chimerical
Bruised	<input type="checkbox"/>	<input type="checkbox"/>
Hurt -1	<input type="checkbox"/>	<input type="checkbox"/>
Injured -1	<input type="checkbox"/>	<input type="checkbox"/>
Wounded -2	<input type="checkbox"/>	<input type="checkbox"/>
Mauled -2	<input type="checkbox"/>	<input type="checkbox"/>
Crippled -5	<input type="checkbox"/>	<input type="checkbox"/>
Incapacitated	<input type="checkbox"/>	<input type="checkbox"/>

Birthrights/Frailties

Experience

Banality

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"/>

Ravaging/CDusing Threshold



Character History Sheet

Mortal Name: _____
Faerie Name: _____
Mortal Age: _____
Mortal Profession (if any): _____

Chimera/Companions/Treasures:

Description

Mortal: _____

Changeling: _____

Personality

Quirks: _____

Motivations & Goals: _____

Identity

Mortal: _____

Changeling: _____

Equipment

Oathcircle

Other Notes

