



The Infernals

NAME: \_\_\_\_\_  
 PLAYER: \_\_\_\_\_  
 CASTE: \_\_\_\_\_

CONCEPT: \_\_\_\_\_  
 NATURE: \_\_\_\_\_  
 ANIMA: \_\_\_\_\_

ATTRIBUTES

STRENGTH \_\_\_\_\_ OOOOO CHARISMA \_\_\_\_\_ OOOOO PERCEPTION \_\_\_\_\_ OOOOO  
 DEXTERITY \_\_\_\_\_ OOOOO MANIPULATION \_\_\_\_\_ OOOOO INTELLIGENCE \_\_\_\_\_ OOOOO  
 STAMINA \_\_\_\_\_ OOOOO APPEARANCE \_\_\_\_\_ OOOOO WITS \_\_\_\_\_ OOOOO

ABILITIES

<p><b>SLAYER</b></p> <input type="checkbox"/> ARCHERY _____ OOOOO <input type="checkbox"/> MARTIAL ARTS _____ OOOOO <input type="checkbox"/> MELEE _____ OOOOO <input type="checkbox"/> THROWN _____ OOOOO <input type="checkbox"/> WAR _____ OOOOO	<p><b>MALEFACTOR</b></p> <input type="checkbox"/> ENDURANCE _____ OOOOO <input type="checkbox"/> PERFORMANCE _____ OOOOO <input type="checkbox"/> PRESENCE _____ OOOOO <input type="checkbox"/> RESISTANCE _____ OOOOO <input type="checkbox"/> SURVIVAL _____ OOOOO	<p><b>DEFILER</b></p> <input type="checkbox"/> CRAFT _____ OOOOO <input type="checkbox"/> INVESTIGATION _____ OOOOO <input type="checkbox"/> LORE _____ OOOOO <input type="checkbox"/> MEDICINE _____ OOOOO <input type="checkbox"/> OCCULT _____ OOOOO
<p><b>SCOURGE</b></p> <input type="checkbox"/> ATHLETICS _____ OOOOO <input type="checkbox"/> AWARENESS _____ OOOOO <input type="checkbox"/> DODGE _____ OOOOO <input type="checkbox"/> LARCENY _____ OOOOO <input type="checkbox"/> STEALTH _____ OOOOO	<p><b>FIEND</b></p> <input type="checkbox"/> BUREAUCRACY _____ OOOOO <input type="checkbox"/> LINGUISTICS _____ OOOOO <input type="checkbox"/> RIDE _____ OOOOO <input type="checkbox"/> SAIL _____ OOOOO <input type="checkbox"/> SOCIALIZE _____ OOOOO	<p><b>SPECIALTIES</b></p> <input type="checkbox"/> _____ OOOOO <input type="checkbox"/> _____ OOOOO <input type="checkbox"/> _____ OOOOO <input type="checkbox"/> _____ OOOOO <input type="checkbox"/> _____ OOOOO

ADVANTAGES

BACKGROUNDS	NAME	COST	NAME	COST
_____ OOOOO	_____	_____	_____	_____
_____ OOOOO	_____	_____	_____	_____
_____ OOOOO	_____	_____	_____	_____
_____ OOOOO	_____	_____	_____	_____
_____ OOOOO	_____	_____	_____	_____
_____ OOOOO	_____	_____	_____	_____
_____ OOOOO	_____	_____	_____	_____
_____ OOOOO	_____	_____	_____	_____
_____ OOOOO	_____	_____	_____	_____
_____ OOOOO	_____	_____	_____	_____

WEAPONS

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

ANIMA

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

LIMIT BREAK

TORMENT

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

WILLPOWER

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

HEALTH

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

-0	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D.V.
-1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	EVADE
-2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PARRY
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
-4	<input type="checkbox"/>	MENTAL
INCAPACITATED	<input type="checkbox"/>	

VIRTUES

COMPASSION OOOOO □□□□□	TEMPERANCE OOOOO □□□□□
CONVICTION OOOOO □□□□□	VALOR OOOOO □□□□□

ESSENCE

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

EXPERIENCE

\_\_\_\_\_





The Infernals

EXPANDED BACKGROUNDS

ALLIES

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

CONTACTS

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

FOLLOWERS

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

INFERNAL ARTIFACT

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

INFERNAL COMMAND

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

INFLUENCE

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

LIEGE

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

MANSE

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

RESOURCES

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

SORCERY

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

POSSESSIONS

GEAR(CARRIED)

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

EQUIPMENT(OWNED)

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

LANGUAGES

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

DERANGEMENTS

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

EXPERIENCE

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

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

EXPERIENCE

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

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

