

## Character:

Player: \_\_\_\_\_

## Saga:

Setting: \_\_\_\_\_ Current Year: \_\_\_\_\_

**House:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Size:** \_\_\_\_\_ **Confidence:** \_\_\_\_\_ / \_\_\_\_\_

**Decrepitude:** \_\_\_\_\_

Effects of Aging: \_\_\_\_\_

## Warping:

### Effects of Warping:

## Characteristics

		Description	Score
Intelligence	Int	( _____ )	_____
Perception	Per	( _____ )	_____
Strength	Str	( _____ )	_____
Stamina	Sta	( _____ )	_____
Presence	Pre	( _____ )	_____
Communication	Com	( _____ )	_____
Dexterity	Dex	( _____ )	_____
Quickness	Qik	( _____ )	_____

## Virtues:

## Flaws:



Birth Name: \_\_\_\_\_

Year Born: \_\_\_\_\_ Gender: \_\_\_\_\_

Race/Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Place of Origin: \_\_\_\_\_ Title/Profession: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Handedness: \_\_\_\_\_

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## Abilities

Type	Score
( _____ ) _____	
( _____ ) _____	
( _____ ) _____	
( _____ ) _____	
( _____ ) _____	

Combat	Soak
Armor Worn:	_____
Combat Modifiers:	Armor Load _____

<input type="checkbox"/>		Fresh
<input type="checkbox"/>	0	2 min.
<input type="checkbox"/>	-1	10 min.
<input type="checkbox"/>	-3	30 min.
<input type="checkbox"/>	-3	1 hr.
<input type="checkbox"/>	-5	2 hr.
		Unconscious

Wounds		Range	Number	Penalty	Notes			
Light Wounds	-	<input type="checkbox"/>	-1					
Medium Wounds	-	<input type="checkbox"/>	-3					
Heavy Wounds	-	<input type="checkbox"/>	-5					
Incapacitated	-	<input type="checkbox"/>						
Dead	+	<input type="checkbox"/>						

**Equipment** Load: \_\_\_\_\_ Burden: \_\_\_\_\_ Encumbrance: \_\_\_\_\_