

# Dark Ages

Name: \_\_\_\_\_ Nature: \_\_\_\_\_ Dominator: \_\_\_\_\_  
 Player: \_\_\_\_\_ Demeanor: \_\_\_\_\_ Duties: \_\_\_\_\_  
 Chronicle: \_\_\_\_\_ Concept: \_\_\_\_\_ Type: \_\_\_\_\_

## Attributes

Physical	Social	Mental
Strength _____ 000000	Charisma _____ 000000	Perception _____ 000000
Dexterity _____ 000000	Manipulation _____ 000000	Intelligence _____ 000000
Stamina _____ 000000	Appearance _____ 000000	Wits _____ 000000

## Abilities

Talents	Skills	Knowledges
Alertness _____ 000000	Animal Ken _____ 000000	Academics _____ 000000
Athletics _____ 000000	Archery _____ 000000	Heath Wisdom _____ 000000
Awareness _____ 000000	Commerce _____ 000000	Investigation _____ 000000
Brawl _____ 000000	Crafts _____ 000000	Law _____ 000000
Empathy _____ 000000	Etiquette _____ 000000	Medicine _____ 000000
Expression _____ 000000	Melee _____ 000000	Occult _____ 000000
Intimidation _____ 000000	Performance _____ 000000	Politics _____ 000000
Leadership _____ 000000	Ride _____ 000000	Seneschal _____ 000000
Legerdemain _____ 000000	Stealth _____ 000000	Strategy _____ 000000
Subterfuge _____ 000000	Survival _____ 000000	Theology _____ 000000
_____ 000000	_____ 000000	_____ 000000

## Advantages

Disciplines	Backgrounds	Virtues
_____ 000000	_____ 000000	Conscience _____ 000000
_____ 000000	_____ 000000	Self-Control _____ 000000
_____ 000000	_____ 000000	Courage _____ 000000
_____ 000000	_____ 000000	
_____ 000000	_____ 000000	

Humanity	Health
_____ 0 0 0 0 0 0 0 0 0 0	Bruised <input type="checkbox"/>
_____ 0 0 0 0 0 0 0 0 0 0	Hurt -1 <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"/> <input type="checkbox"/> <input type="checkbox"/>	Injured -1 <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"/> <input type="checkbox"/> <input type="checkbox"/>	Wounded -2 <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"/> <input type="checkbox"/> <input type="checkbox"/>	Mauled -2 <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"/> <input type="checkbox"/> <input type="checkbox"/>	Crippled -5 <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"/> <input type="checkbox"/> <input type="checkbox"/>	Incapacitated <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"/> <input type="checkbox"/> <input type="checkbox"/>	Experience
_____ <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"/> <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Overdosing?