

Male _____ Female _____

Birthday	
Birthplace	
Astrol sign	
Age	

Voice Qual	
Posture	
Allergies	
Disabilities	
Gestures	
Tics	
Habits	
Health	

Character Name _____

Role _____

Height	
Weight	
Hair color	
Hair style	
Face shape	
Eye color	
Eyebrows	
Nose	
Mouth	
Chin	
Build	
Walk	
Scars	