

Dead Letter Society Application Form

Ipsa mors non te rescribere impedit.

Name:

Pronouns:

Age:

Apparent Age:

Sire:

Physical or emotional scar:

Most strongly held belief:

An oath you'll never break:

Most treasured possession:

Sanctuary's description
and location:

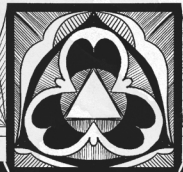
An ally/rival
(delete as appropriate):

State your ambition for joining the Society and forming an acquaintance with a member of our choosing. The Society will expend resources to match you with the most appropriate member. Your secrets are safe with us.

Your assessment of the difficulty of achieving this goal, on a scale from 1 to 3, where 1 is trivial and 3 is time-consuming:

Application fee:

Approved by:



Assets List

Items

Locations

Actors

Principles

Scars

Ambitions

