

Your OC here

Name: _____ Birthday: _____
Age: _____ Religion: _____
Gender: _____
Species: _____
Orientation: _____
Status: _____
Color Palette:

<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"/>

Other OC drawings

Eye color: ☐
Hair color: ☐
Skin tone: ☐
Weight: _____
Height: _____

Occupation: _____
Hometown: _____
Town: _____
Residence: _____
Lives with:
☐ No one
☐ Parents
☐ Siblings
☐ Roommate(s)
☐ Partner(s)
☐ Other: _____

Priorities:

- ☐ Love
- ☐ Family
- ☐ Money
- ☐ Fame
- ☐ Power
- ☐ Career
- ☐ Art
- ☐ Security
- ☐ Community
- ☐ Truth
- ☐ Atonement
- ☐
- ☐
- ☐

Dietary restrictions

- ☐ Lactose intolerant
- ☐ Gluten intolerant
- ☐ Vegan
- ☐ Vegetarian
- ☐ pescatarian
- ☐ Food allergy: _____
- ☐ Other: _____

Vices

- ☐ Smoking/Weed
- ☐ Drinking
- ☐ Drugs
- ☐ Gambling
- ☐ Chewing fingernails
- ☐ Other: _____

Likes:

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-
-
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-
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-
-

Dislikes:

-
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-
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Put Anything you want here