

# CONFIDENTIAL

This investigation is authorized by the Confidentiality Act (46 Stat. 21; 13 U.S.C. 201-218), which requires the filing of a report. All information provided will be treated as confidential. The census report can not be used for tax, investigative or regulatory purposes.

FORM **D3**

NAN. ANOMALIES DEPARTMENT  
BANISHMENT OFFICE

## Subject Card

### 1950 POPULATION CENSUS AND ANOMALIES

(For each subject found in January, February or March 1950)

#### 1. NAME OF THE SUBJECT

\_\_\_\_\_  
(Surname) (First name)

\_\_\_\_\_  
(Second name)

#### 2. Additional data

(What is the last location you remember before you are completing this form? You may omit this section if you have a diagnosed case of amnesia).

State \_\_\_\_\_ City \_\_\_\_\_

E.D.No. \_\_\_\_\_ Street \_\_\_\_\_ Street No. \_\_\_\_\_

Country \_\_\_\_\_ Date \_\_\_\_\_

#### 3. HEALTH STATUS

Critical <input type="checkbox"/> <sup>1</sup>	Deficient <input type="checkbox"/> <sup>2</sup>	Moderate <input type="checkbox"/> <sup>3</sup>	Good <input type="checkbox"/> <sup>4</sup>	Optimal <input type="checkbox"/> <sup>5</sup>
Condition _____	Health _____	Health _____	Health _____	Health _____
<small>You lose one point in a Competition.</small>	<small>You lose one point in a Skill.</small>	<small>You lose one point in an Ability.</small>		

Copy the information from your last valid medical examination, performed within a period not exceeding six months in the past and carried out by an entry authorized by the government to perform such procedures.

**DECEASED**

#### 4. Anomaly Registration

Please describe below any anomalous effects you have noticed in your body after undergoing the process of mutual acquaintance and how they manifest. Remember that every detail is crucial for the investigation, so we ask that you take your time to provide a detailed description.

##### a. Dimensional Stability

Unstable  <sup>1</sup> Intermittent  <sup>2</sup> Stable  <sup>3</sup>

##### b. Logged anomaly:

#### 5. Belongings

Please declare below all the belongings you are carrying for the purpose of ensuring your peace of mind and preventing any legal eventualities.

## 6. OCCUPATION INFORMATION

(Occupation)

(Years of Experience)

Next, detail two Skills that your occupation has bestowed upon you and that you consider the most important or have helped you the most in your professional life.

### a. Skill:

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### b. Skill:

## 7. Physical Competencies

One  <sup>1</sup> Two  <sup>2</sup> Three  <sup>3</sup>

**a. Combat:** This skill focuses on your ability to effectively engage in fighting situations, whether melee or ranged, using defense and attack techniques to neutralize opponents. Success

**b. Athletics:** This skill includes your ability to move gracefully and efficiently across different types of terrain and environments, allowing you to navigate obstacles, climb surfaces, and perform athletic maneuvers with ease. Success

**c. Endurance:** This capacity enables you to maintain a high level of energy and physical performance over extended periods, resisting fatigue and weakness to sustain your activity and endurance in adverse conditions. Success

## 8. Mental Competencies

One  <sup>1</sup> Two  <sup>2</sup> Three  <sup>3</sup>

**a. Ingenuity:** This skill combines your ability to solve problems logically and efficiently with the ability to retain and recall relevant information. It enables you to overcome obstacles using prior knowledge and make informed decisions. Success

**b. Stealth:** This skill involves your ability to move silently, hide, and remain unnoticed. It allows you to avoid detection by enemies and move without making noise, which is crucial for evading dangers and performing stealthy actions. Success

**c. Resilience:** This quality grants you the ability to quickly recover from setbacks and adversities, maintaining a positive and perseverant attitude in the face of challenges and difficulties. Success

## 9. Cognitive Competencies

One  <sup>1</sup> Two  <sup>2</sup> Three  <sup>3</sup>

**a. Alertness:** This skill involves maintaining a state of constant attention and vigilance, allowing you to detect and respond quickly to external stimuli and dangerous situations, anticipating and avoiding potential threats. Success

**b. Precision:** This dexterity relates to your ability to perform actions with accuracy and precision, both in physical movements and sensorial perceptions, enabling you to execute tasks efficiently and minimize errors. Success

**c. Evasion:** This skill involves your ability to evade attacks and dangers quickly and effectively, using agile and coordinated movements to dodge or neutralize imminent threats. Success

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LEAVE  
BLANK

A

B





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for those agents involved in anomalies on behalf of The Splintering and submitting the report to the appropriate authority. The agent who declares under oath their responsibility for the accuracy and completeness of the information provided.

risks associated with the creature, including but not limited to: dangerous situations, possibility of facing the creature, and means of handling or control.

acknowledge the safety and well-being of the community and any other individuals.

Investigations into the creature, or emotional distress caused by these activities.

any protocols or procedures as well as to the appropriate authorities. The agent must provide full consent to the investigation and understand the consequences of providing false information.



FORM **M6**

NAN. ANOMALIES DEPARTMENT  
BANISHMENT OFFICE

## Creature Card

### 1950 POPULATION CENSUS AND ANOMALIES

(For each supernatural being encountered in January, February, or March of 1950)

1. NAME OF THE CREATURE

2. DANGER LEVEL

(Codigos)

(Number)

3. Physical Description

4. Habitat and Behaviors

## 5. HEALTH LEVEL

In this section, you must record the maximum health of the registered creature and track any damage it may sustain during the experiment.

Deceased <sup>0</sup>   <sup>1</sup>   <sup>2</sup>   <sup>3</sup>   <sup>4</sup>   <sup>5</sup>   <sup>6</sup>   <sup>7</sup>   <sup>8</sup>

## 6. ATTRIBUTE DETAILS

### a. Attack

One <sup>1</sup>   Two <sup>2</sup>   Three <sup>3</sup>   Success

### c. Evasion

One <sup>1</sup>   Two <sup>2</sup>   Three <sup>3</sup>   Success

### e. Stealth

One <sup>1</sup>   Two <sup>2</sup>   Three <sup>3</sup>   Success

### b. Defense

One <sup>1</sup>   Two <sup>2</sup>   Three <sup>3</sup>   Success

### d. Perception

One <sup>1</sup>   Two <sup>2</sup>   Three <sup>3</sup>   Success

### f. Armor

One <sup>1</sup>   Two <sup>2</sup>   Three <sup>3</sup>

## 7. COMBAT OUTCOMES

In this section, the consequences obtained when facing the creature are noted. Upon accumulating a specific number, the creature will gain an advantage consistent with the experiment at hand.

## 8. ANOMALOUS ABILITIES

# Elimination Certificate

## CENSUS OF ANOMALOUS REALITIES OF 1950 (For parallel realities erased in the current 1950 year)

### 1. GEOGRAPHICAL LOCATION

(The E.E.T. is the estimated time until the reality is completely eliminated, serving as the experiment's deadline.)

Province \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Date of Event (mm/dd/yyyy): \_\_\_\_\_ E.T.A. \_\_\_\_\_ : \_\_\_\_\_ hs

### 2. CAUSE OF EVENT

(Although the cause of the event leading to the elimination of reality may be uncertain, record the clues leading to a possible satisfactory conclusion.)

### 3. CONSEQUENCES

This document serves as a dis involved in the collection an on behalf of The Darkest In completing and submitting the agent solemnly declare responsibility for the acco the provided informat

Agents fully acknowledge identifying and tracking an not limited to exposure b situations, encounters," the possibility of fac beyond their com

In assuming respons understand and accep their own safety and anomaly research and understand that "The D assumes no responsib or emotional harm th participation in these

Each agent who protocol Inc. and P or discoveries signing this doc consent to partici all associated resp that this office is not eliminated world, and for recording events a purposes.

