

FOR
**Call of
Cthulhu**[®]
5th Ed.

Create
Your
Own Clues!

Dire Documents

COMPLETE
Ages
12+
GAME

CALL of CTHULHU

5TH EDITION

Horror Roleplaying in the Worlds of H.P. Lovecraft

**Incriminating
Evidence, Lawyerly
Letters, & Lunatic
Forms**

**A Keeper's Collection for
the Reality-Challenged**

- △ Letterheads from
Near East Treasure Imports,
Eye of Amara Society,
Dewey, Cheatham & Howe Attorneys.
- △ Arkham Sanatorium Letterheads
and Commitment Papers.
- △ Miskatonic University Letterheads,
Meritorious Service Awards,
Formal Invitations,
Best-Death Awards.

Ynn Willis
William Hamblin,
and Friends



ISBN 1-56882-003-8

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Office of the Mayor

Award for

Meritorious Service

*This award for excellence and outstanding community service
is hereby granted to*

*The surpassing civic duty exhibited by this individual
shall ever stand as a beacon to all who aspire to true greatness.*

*The courage of this genuine patriot is recognized this ___ day
of _____ in the presence of the city.*

Mayor

City Council Chairman





NEAR EAST TREASURE IMPORTS LTD.

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EYE OF AMARA SOCIETY



131 E. SALTONSTALL STREET, ARKHAM, MASSACHUSETTES

Dewey, Cheatham & Howe



Attorneys at Law



1666 Euclid Ave., Suite A, Boston Massachusetts

Miskatonic



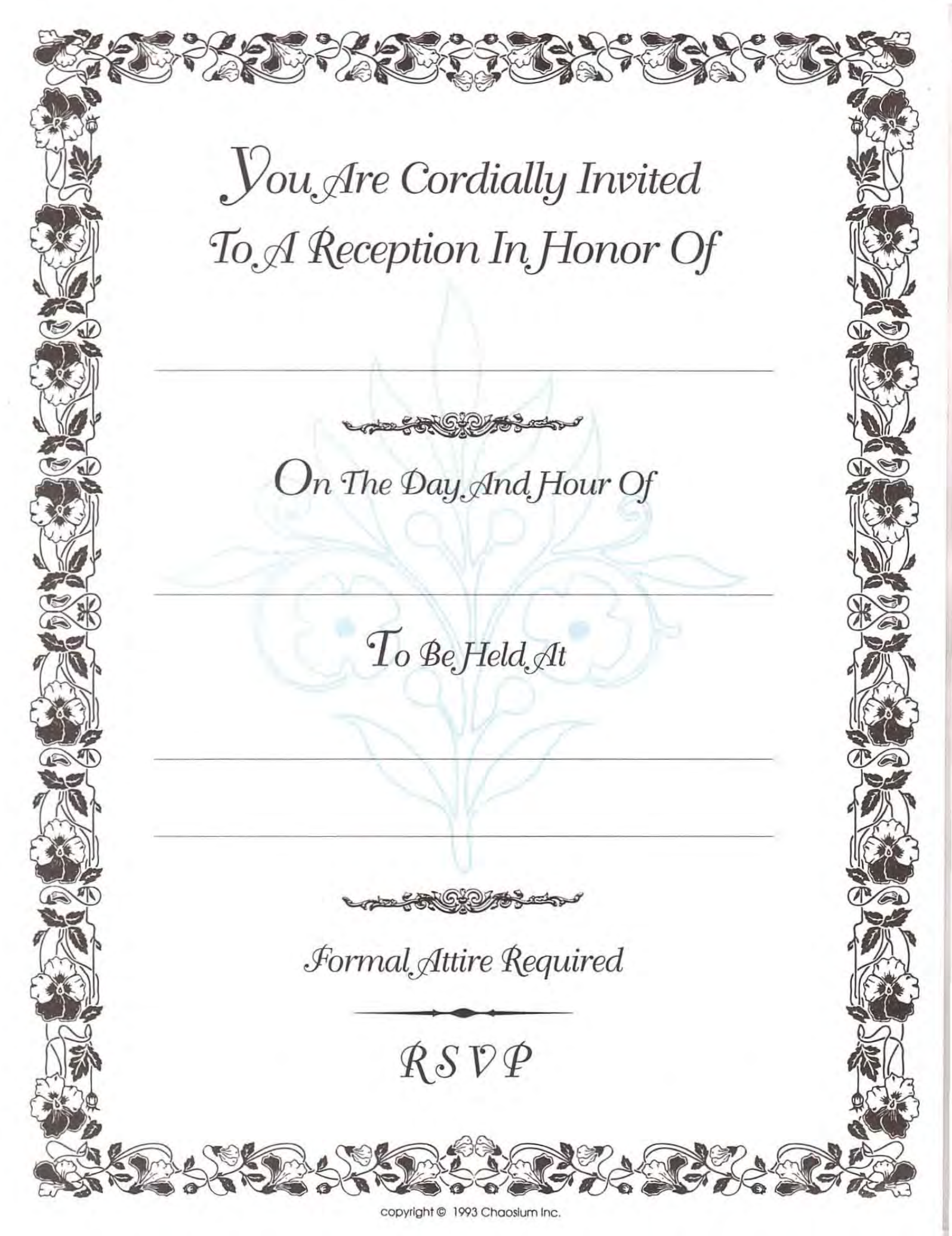
University

333 West College Street

Arkham, Massachusetts



Ex ignorantia ad sapientiam; e luce ad tenebras.



*You Are Cordially Invited
To A Reception In Honor Of*


On The Day And Hour Of

To Be Held At


Formal Attire Required

RSVP

Keeper's Choice Award For The

Superlative Demise

Of

Name of Deceased Investigator

This award is presented in recognition of a praiseworthy swan song befitting a genuine hero. Be it known that this individual's quietus was accomplished in noble yet hopeless combat against the Cthulhu Mythos. The bravery and dignity of this investigator's life was masterfully demonstrated in this dramatic death.

Keeper

Player



ARKHAM SANITORIUM

INPATIENT ADMISSION REPORT FORM

Admission Date _____ Inpatient Identification Number _____

Name of Inpatient _____

Name of Legal Guardian _____

Street Address _____

City _____ State _____

Attending Physician _____

Preliminary Diagnosis _____

Case Prognosis _____

The undersigned hereby grants permission to Arkham Sanitorium to provide above named inpatient with care and treatment of pathological mental disorders. Signature of this documents grants Arkham Sanitorium indemnity from any and all injuries or accidents that may occur to inpatient during the course of treatment procededures. This institution reserves the right to terminate treatment and relinquish the above named inpatient to the custody of the state or return inpatient to the care of the undersigned legal guardian.

Signature of Admissions Nurse

Inpatient Legal Guardian

225 EAST DERBY STREET, ARKHAM, MASS.

ARKHAM SANITORIUM

225 E. DERBY ST.



ARKHAM, MASS.



DR. ERIC HARDSTROM, CHIEF OF STAFF