

PRIZE CLAIM FORM

(PRIZES OF \$601 AND OVER)

Reference No.
Nº

**If Not Claiming In Person,
MAIL TO:**
WEST VIRGINIA LOTTERY
PO BOX 2913
CHARLESTON WV 25330
304.558.0500 or 800.982.2274



IMPORTANT TO READ

By my signature, I indemnify the West Virginia Lottery for any loss which may result if any of the foregoing information is not true and accurate. I also authorize the West Virginia Lottery to use my name and photograph for any reasonable publicity purposes it deems desirable.

Under penalty of perjury, I declare that to the best of my knowledge and belief (1) the name, address, and social security number, which I have furnished, correctly identify me as the recipient of this payment; (2) no other person is entitled to claim this prize; and (3) I am not a person disqualified by law from claiming and/or accepting a prize from the Lottery.

Game: _____

- Print your name, address, phone number on back of ticket, and **sign** your name
- Complete items 1 through 10 on this form
- Staple ticket to bottom of form shown below
- Include a copy of your driver's license or state ID card
- Include a copy of your social security card or other document with that number

CLAIM INFORMATION

Last, First, Middle Initial (Leave a space between each)

1. Name

2. Address

3. City

4. State Zip

5. Phone Number

6. Sex Female Male

7. Birth Date mo/day/yr

8. Social Security Number (Must include card copy)

9. If not U.S. Citizen, then Citizenship Number

10. Prize Claimed \$, , .00

STAPLE
TICKET
HERE

Claimant's Signature

Date

FOR LOTTERY USE ONLY

Remarks _____

Received by _____

Processed by _____

Date _____

Total Amount _____

Check No. _____

Check Received by (initials) _____

Retailer ID# _____

Retailer Name _____