PRIZE CLAIM FORM

(PRIZES OF \$601 AND OVER)

	Reference No.
Nº	

C-		~ .
Ga	m	e.

- 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, Midd	le Initial (Leave a space betv	veen 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 Citiz	zenship Number	
10. Prize Claimed \$, , , , , , , , , , , , , , , , , , , ,	.00

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.

STAPLE TICKET HERE Claimant's Signature

Date

FOR LOTTERY USE ONLY		
Remarks		
Received by		
Processed by		
Date		
Total Amount		
Check No.		
Check Received by (in	nitials)	
Retailer ID#		

Retailer Name