

Oklahoma Lottery Winner Claim Form



Instructions	<p>A government-issued photo ID is required for all prizes. This form and proof of Social Security number is required for any prize over \$5,000. All fields on the back of your ticket and this claim form must be completed for winner payment.</p> <p>To claim in-person: The Winner Center is located at 300 N. Broadway in downtown Oklahoma City and open M-F, 7:30am-4:30pm.</p> <p>To claim remotely via email: Send all required documentation to claims@lottery.ok.gov</p> <p>To claim by mail: Send all required documentation to Oklahoma Lottery / P.O. Box 548810 / Oklahoma City, OK 73154</p> <p>Keep a copy of your winning ticket(s). The Lottery is not responsible for lost or damaged mail.</p>									
Claimant Information	Claimant Name (First & Last)									
	Mailing Address									
	City					State		Zip Code		
	Social Security Number					Date of Birth				
	Email Address					Phone Number				
	U.S. Citizen or Resident Alien (Circle One)			YES	NO	If NO; list Country of Citizenship				
Joint Ticket Ownership	<input type="checkbox"/> Select if you are claiming this prize with one or more other claimants. By selecting this box, I voluntarily relinquish all claims of ownership to any portion of this prize except for my share as described below. (fill out remainder of section)									
	Total # of Claimants			\$ <input type="text"/>			Please select the dollar amount of ticket ownership			
	If you are authorizing another individual to pick up your prize _____ (Person's Name)									
Winner Declaration	YES	NO	(Must answer all three questions.)							
			1. I purchased this ticket; or received this ticket as a gift and am the rightful owner							
			2. I am an owner, employee or related to an owner or employee of a business that sells Oklahoma Lottery tickets							
			3. I understand that any person who knowingly files a claim for a counterfeit or altered Lottery ticket is in violation of Oklahoma law and subject to all applicable punishments. I declare, under penalty of perjury, that all information provided on this form correctly identifies me as the winning claimant. I understand that if an issue arises pertaining to ticket ownership or validity, the OLC has the right to delay or withhold payment until an investigation can be completed.							
Pay Type	I understand that I will receive payment for my winnings based on my selection below. I also understand that if electronic payment is selected, I authorize the OLC to deposit winnings into account number provided by me. I certify that I am the owner of the account and understand the OLC assumes no liability for verifying correctness of the banking information and said information.									
	Select One Pay Type: Cash (up to \$5,000) <input type="checkbox"/> Check <input type="checkbox"/> Electronic Payment (bank info required) <input type="checkbox"/>									
Claimant Signature	Signature							Date		