

PRIZE CLAIM FORM

INSTRUCTIONS TO CLAIM:

PRINT your name and SIGN the back of ticket(s).
Complete lines 1 through 6.
Include ticket(s) with claim form and a copy of
driver's license or state ID.
If prize(s) are \$601 or over, provide a copy of your Social Security
card and complete line 7.



Mail To:
WEST VIRGINIA LOTTERY
PO BOX 2913
CHARLESTON, WV 25330

Offices in Charleston and Weirton
Open 8 AM to 5 PM (M-F)
Phone: 800.982.2274
CLOSED FOR STATE HOLIDAYS
Please arrive by 4:30 PM to allow time to
process winning ticket(s).

CLAIMANT INFORMATION

1	NAME (Last, First, Middle Initial)	5	EMAIL ADDRESS
2	ADDRESS	6	BIRTH DATE (MM/DD/YYYY)
3	CITY	7	SOCIAL SECURITY #
4	STATE		
	ZIP		
	DAYTIME PHONE		

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.

By signing this claim and as a prerequisite to payment of the prize, I grant the West Virginia Lottery, and other State Agencies, permission to use any information set forth in this form as a means to qualify as a winner of the prize for which this claim form is completed consistent with West Virginia and Federal law. I authorize the use of my name and the taking and use of photographs for any reasonable public purpose. I further agree and acknowledge that by signing the ticket upon which the prize is based all liability of the State of West Virginia, its officials, officers, Commission, and employees of the Agency terminates upon payment.

PLEASE SIGN

Claimant's Signature

Date

LOTTERY USE ONLY

GAME #	GAME NAME	PRIZE AMOUNT	
		\$	CHILD ADVOCATE WITHHOLDING
		\$	\$
		\$	BACK TAX WITHHOLDING
		\$	\$
CLAIM ID #	CHECK # / RETAILER ID	PICTURE / PROMO PACK	
NOTES			PROCESSED BY:
			DATE PROCESSED: