
WINNER IDENTIFICATION:

INSTRUCTIONS TO CLAIMANT

1. On back of ticket, print your name, address and telephone number and sign your name.
2. On this form, complete items 1 through 13, read and sign item 14. The signature on this claim form must match the signature on the back of ticket. Entire form must be completed for payment
3. Make a copy of this form for your records. Attach signed ticket to the original form and mail to: New Mexico Lottery, Attn: Claim Center, PO Box 93190, Albuquerque, NM 87199-3190. Or present at the Lottery Claim Center located at 4511 Osuna Rd. NE in Albuquerque. For questions and office hours call: 505-342-7600 or 1-800-642-6689.

## PLEASE KEEP A PHOTOCOPY OF YOUR TICKET (FRONT AND BACK) FOR YOUR RECORDS.

## 1. PRIZE AMOUNT CLAIMED


3. NAME - FIRST
2. SOCIAL SECURITY NUMBER

M.I. LAST
-
4. MAILING ADDRESS
6. STATE / ZIP CODE

9. DATE OF BIRTH
12. OCCUPATION

## 14. SIGNATURE

I acknowledge that certain information in this form, such as my name, city in which I live and the prize amount won, is subject to disclosure pursuant to the New Mexico Inspection of Public Records Act (NMSA 1978, Chapter 14, Article 2). I understand that the New Mexico Lottery Authority and its retailers and advertising agencies as well as the news media and their editors may use my name and photograph for reproduction in any medium they see fit for the purposes of advertising, display, exhibition or editorial use. Under penalty of law, I declare that the name, address and taxpayer identifying number, which I have furnished, correctly identify me as the recipient of the prize claimed and that I have purchased or obtained this ticket legally. I understand that it is unlawful to make, alter, forge, pass, present or counterfeit, with intent to defraud, a lottery ticket, or receipt for the purchase thereof, issued or purported to have been issued by the Lottery under the New Mexico Lottery Act. By signing below, I acknowledge the aforementioned laws and requirements and affirm that I am 18 years of age or older.

CLAIMANT'S SIGNATURE X

