

# PRIZE CLAIM FORM

## INSTRUCTIONS TO CLAIM:

- PRINT your name and SIGN the back of ticket(s).
- Complete lines 1 through 7.
- 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 number and complete line 8.



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

NAME (Last, First, Middle Initial)

1

ADDRESS

2

CITY

3

STATE

ZIP

DAYTIME PHONE

4

EMAIL ADDRESS

5

BIRTH DATE (MM/DD/YYYY)

6

SOCIAL SECURITY #

8

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 submitting this claim and as a prerequisite to payment of the prize, 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.

7 \_\_\_\_\_  
 Claimant's Signature Date

### LOTTERY USE ONLY

CLAIM ID #

CHILD ADVOCATE WITHHOLDING

Y

N

BACK TAX WITHHOLDING

Y

N

PICTURE

PROMO PACK

NOTES

PROCESSED BY:

GAME #	GAME NAME	PRIZE AMOUNT
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>