

PRIZE CLAIM FORM

INSTRUCTIONS TO CLAIM:

For prize of \$25,000 or more:

You will be directed to start your claim online and must wait to receive a follow-up notification with instructions.

As part of the claim process, we may require you to provide additional documentation or appear in person at a designated claim center. Don't wait to start your claim... draw games must be claimed within 180 Days of draw date.



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	USERNAME:
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

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