



DELAWARE STATE LOTTERY
 1575 McKee Road
 Suite 102
 Dover, Delaware 19904

CLAIM FORM

Window _____

Mail _____

PLEASE PRINT BELOW

LAST NAME			FIRST NAME			INITIAL		
STREET								
CITY						STATE		ZIP CODE
MO	DAY	YR	M	F				
DATE OF BIRTH			SEX		SOCIAL SECURITY NUMBER			
			MO	DAY	YR	\$		
AREA CODE		TELEPHONE NUMBER			CLAIM DATE		PRIZE CLAIMED	

ATTACH WINNING TICKETS HERE

I HEREBY CERTIFY THAT THE ABOVE TICKET INFORMATION FULLY AGREES WITH THE PRINTED INFORMATION ON MY TICKET.

PLAYER SIGNATURE

LOTTERY'S OFFICIAL SIGNATURE

INSTANT TICKET SERIAL NUMBER										

VIRN (LOTTERY USE ONLY)										

DRAW TICKET SERIAL NUMBER										

BE ADVISED

Lottery tickets are bearer instruments. Once a ticket is signed the proceeds related to any prize will be associated with the name and tax identification number of the signee. Initial _____

INSTRUCTIONS

- BEFORE FILING THIS CLAIM FORM PLEASE READ INSTRUCTIONS ON BACK OF YOUR TICKET
- PRINT CLEARLY IN THE BOXES PROVIDED ABOVE
- ENTER YOUR NAME AND ADDRESS ON BACK OF TICKET