## Oklahoma Lottery Winner Claim Form



Instructions	A government issued photo ID is required for all prizes. This form and proof of Social Security number is required for any prize over \$600. All fields on the back of your ticket and this claim form must be completed for winner payment. To claim in-person: We are located at 300 N. Broadway in downtown Oklahoma City and open M-F, 7:30a-4:30p. To claim remotely via emial: Send all required documentation to claims@lottery.ok.gov  To claim by mail: Send all required documentation toOklahoma Lottery / P.O. Box 548810 / OKC, OK 73154  Keep a copy of your winning tickets. The Lottery is not responsible for lost or damaged mail.										
	Claimant Name (First & Last)										
Claimant Information	Mailing Address										
	Mailing Address										
	City						State Zip Code				
											n
	Social Security Number						Date of Birth				
	Email Address						Phone Number				
	Emaily real ess										
	U.S. Citi	zen or Reside (Circle One)	nt Alien	YES	NO	If NO; list Citize	Country of nship	8.00			
int T	Select if you are claiming this prize with one or more other claimants. By selecting this box, I voluntarily relinquish all claims of ownership to any portion of this prize except for my share as described below. (fill out remainder of section)									laims of	
		Total # of Claimants					to split the prize evenly between all claimants				
	Please select the percentage or the dollar amount of ticket ownership						Dollar Amount Percentage				
	If you are authorizing another individual to pick up your prize(Person's Name)										
Winner Declaration	YES	NO	Must choose one)								
			I purchased this ticket; or received this ticket as a gift and am the rightful owner								
			I am an owner, employee or related to an owner or employee of a business that sells Oklahoma Lottery tickets								
	I understand that any person who knowingly files a claim for a counterfeit or altered Lottery ticket is in violation of Oklahoma and subject to all applicable punishments. I declare, under penalty of perjury, that all information provided on this form corre identifies me as the winning claimant. I understand that if an issue arises pertaining to ticket ownership or validity, the OLC haright to delay or withhold payment until an investigation can be completed.									orm correctly	
Рау Туре	I undertand that I will receive payment for my winnings based on my selection below. I also understand that if Electronic payment is selected, I authorize the OLC to deposit winnings into account number provided by me. I certify that I am the owner of the account and understand the OLC assumes no liability for verifying correctness of the banking information and said information will be kept for 30 days and then destroyed. Select One Pay Type:										
	Cash (up to \$1,000)			Check		Debit (up to s	N. W. C. B. C.		Electronic (bank ir		
e	Signature	,- 301	8	(up to t					Date		
Claimant Signature		9									