



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	SOCIAL SECURITY NUMBER			
DATE OF BIRTH			SEX					
MO DAY YR			PRIZE CLAIMED					
AREA CODE	TELEPHONE NUMBER		CLAIM DATE					

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		
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VIRN (LOTTERY USE ONLY)									
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DRAW TICKET SERIAL NUMBER									
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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