



MASSACHUSETTS STATE LOTTERY COMMISSION CLAIM FORM



Deborah B. Goldberg
Treasurer and Receiver General

Supporting the 351 Cities and
Towns of Massachusetts
www.masslottery.com

MASSACHUSETTS STATE LOTTERY
P.O. Box 859036
Braintree, MA 02185-9036
Telephone: 781-849-5555

ON LINE TICKET
SERIAL NUMBER

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OR

INSTANT GAME
TICKET IDENTIFICATION

PREFIX	BOOK NUMBER	TICKET NO.

INSTRUCTIONS
(This Form is for ALL Lottery Tickets)

Complete the Claim Form by following these steps:

- Carefully print either the 20-digit serial number or the 12-digit instant ticket number in the space provided. Complete the remainder of the Claim Form by printing your name, address, social security number, telephone number and, optionally, your e-mail address.
- Sign the Claim Form and your ticket. Separate the Lottery copy from your receipt copy. Put the Lottery copy of the Claim Form and your ticket into the envelope provided and take it to the nearest Lottery office or mail to Lottery Headquarters.
- Proof of positive identification is required for all claims of more than \$600.00; Photo ID & Proof of Social Security Number.

PLEASE PRINT CAREFULLY

WINNER'S NAME (First, Middle Initial, Last)

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MAILING ADDRESS

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CITY	STATE	ZIP CODE

SOCIAL SECURITY NO.	TELEPHONE NUMBER

E-Mail Address:

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**KEEP YOUR COPY OF THE CLAIM FORM.
IT IS YOUR RECEIPT**

Winners agree to abide by Massachusetts State Lottery Rules.

The risk of mailing tickets rests with the claimant.

Agent's Signature _____ Player's Signature _____ (Substitute W-9) _____ Date _____

Agent Signature certifies that the above named person is making a claim on enclosed ticket.

"I certify, under penalties of perjury, that the information contained herein is true and accurate. I further declare under the penalties of perjury; that I am 18 years or older; that the name, address and taxpayer identifying number identify me as the sole recipient of this payment; and that I am not claiming this prize to assist another in the avoidance of financial obligations."

FOR LOTTERY USE ONLY

PHOTO ID _____ CHECK # _____

SSN ID _____ AMOUNT _____

CLAIM ID _____ INITIALS _____