

# Congratulations WINNER !!!

DATE  -  -   
Lottery Use Only

PRINT Your Name  
On Your Ticket(s)

SOCIAL SECURITY NUMBER  
REQUIRED FOR TICKET OVER \$600

-  -

MAIL PHOTOCOPY PROOF

TOTAL PRIZE AMOUNT

\$  ,  ,  .

SCRATCH Tickets

Number of Tickets

PRINT FIRST NAME

Valid ID REQUIRED  
in current legal name  
to claim all prizes  
at a Lottery office

DRAW STYLE Tickets

LOTTO

Number of Tickets

MIDDLE NAME(s)

POWERBALL

Number of Tickets

PRINT LAST NAME

JR, SR, III, etc.

MEGA MILLIONS

Number of Tickets

PO BOX or ADDRESS to RECEIVE MAIL

APT, LOT, SUITE, etc.

PICK 3

Number of Tickets

PICK 4

Number of Tickets

CITY STATE ZIP CODE

EASY 5

Number of Tickets

DAYTIME TELEPHONE NUMBER

-  -

Area Code

I declare under penalty of perjury, that the name, address, and taxpayer identification number I provided correctly identifies me as the recipient of this prize, and to the best of my knowledge, I am not prohibited by Louisiana Lottery Corporation law from purchasing a ticket or winning a lottery ticket or winning a lottery prize. I understand that presenting an altered, forged, or counterfeit lottery ticket in an attempt to defraud, violates state law.

RAFFLE

Number of Tickets

DATE OF BIRTH

-  -

MONTH DAY YEAR

U S CITIZEN

YES NO

For Lottery Use Only

Processed By:

Claim Number(s):

Check Number(s):

X

CLAIMANT'S SIGNATURE

THIS CLAIM IS PUBLIC RECORD

DATE



Mail Original Ticket(s) & Form to:

Louisiana Lottery Corporation

Attn: Prize Validations

PO Box 90010

Baton Rouge, LA 70879-0010