

STAPLE TICKET TO THIS CORNER

CLAIM FORM



Complete this form for claims of \$601 and above.

INSTRUCTIONS TO CLAIMANT

- On the back of the ticket, print your name, address and telephone number and sign your name. Ticket is a bearer instrument until signed. Be sure to include apartment #'s etc.
- Please be sure you bring an ID, or include a copy of your ID with a mail-in claim form.
- On this form, complete items 1 through 12, read and sign item 13. The signature on this claim form must match the signature on the back of the ticket. Entire form must be completed for payment.
- Make a copy of this form for your records. Attach signed ticket to the original form and mail to: **New Mexico Lottery, Attn: Claim Center, PO Box 93190, Albuquerque, NM 87199-3190.**
Or present at the Lottery Claim Center located at **4511 Osuna Rd. NE** in Albuquerque. For questions and office hours call: **505-342-7600** or **1-800-642-6689** or visit **nmlottery.com**.

PLEASE KEEP A PHOTOCOPY OF YOUR TICKET (FRONT AND BACK) FOR YOUR RECORDS.

1. DOLLAR AMOUNT OR PRIZE DESCRIPTION YOU ARE CLAIMING

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2. SOCIAL SECURITY NUMBER

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3. NAME - FIRST

M.I. LAST

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4. MAILING ADDRESS

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5. MAILING ADDRESS 2 - APARTMENT NUMBER, ETC.

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6. CITY

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7. STATE / ZIP CODE

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8. COUNTRY

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9. PHONE NUMBER

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10. DATE OF BIRTH

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11. CITIZENSHIP/RESIDENCY (for tax purposes - check only one box)

- U.S. CITIZEN
 RESIDENT ALIEN
 NON-RESIDENT ALIEN

12. EMPLOYER

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13. SIGNATURE

I acknowledge that certain information on this form, such as my name, city in which I live and the prize amount won, is subject to disclosure pursuant to the New Mexico Inspection of Public Records Act (NMSA 1978, Chapter 14, Article 2). I understand that the New Mexico Lottery Authority and its retailers and advertising agencies as well as the news media and their editors may use my name and photograph for reproduction in any medium they see fit for the purposes of advertising, display, exhibition or editorial use. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments, and that I have purchased or obtained this ticket legally. I understand that it is unlawful to make, alter, forge, pass, present or counterfeit, with intent to defraud, a lottery ticket, or receipt for the purchase thereof, issued or purported to have been issued by the Lottery under the New Mexico Lottery Act. By signing below, I acknowledge the aforementioned laws and requirements and affirm that I am 18 years of age or older.

CLAIMANT'S SIGNATURE X

DATE

FOR LOTTERY USE ONLY

CLAIMANT IDENTIFICATION:

AMOUNT VALIDATED AND VERIFIED:

\$

SECURITY INITIALS:

DATE/TIME:

RETAILER #:

CLAIM #:

CHECK #:

CLAIM CENTER REP:

DATE/TIME:

OTHER: