



# Winner Claim Form

Redeem at claim center (see nelottery.com for claim center locations) or mail (see mailing checklist below).

Prize Being Claimed \$	Last Name	First Name	Middle Initial
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Mailing Address

City	State	Zip Code
Home or Cell Phone ( )	Work Phone ( )	Birth Date month / day / year
Social Security Number - -	Email Address	ID Number (choose one) <input type="checkbox"/> Driver License Number state number <input type="checkbox"/> Government ID

Are You a United States Legal Resident? YES <input type="checkbox"/> NO <input type="checkbox"/> If No, State Your Country Of Residency: _____	At Which Retail Location Did You Buy Your Ticket?
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Are You the Owner of a Lottery Retailer or Employed at a Lottery Retail Location? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Name of Retailer: _____	Are You Related to the Owner of a Lottery Retailer? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Name of Retailer: _____
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**For Prizes of \$250,000 or More:**  
I give permission for public disclosure of my prize of \$250,000 or more, and I give consent to disclose my name, hometown, and prize amount.  
YES  NO  initial here ▶

**Are you interested in appearing in Lottery advertising?** YES  NO   
*Saying "yes" today does not bind you to participation; you are simply agreeing to be on our contact list. Remember, people like to hear about winners. Your name, hometown and prize amount are public information and may be used in various ways, regardless of whether or not you appear in advertising.*

I declare under penalty of law that I am 19 years of age or older, and the name, address, and social security number provided above are correct and identify me as the sole recipient of the ticket attached and that the ticket has not been falsely obtained, made, altered, forged or counterfeited.  
I understand that by signing this statement and claiming this prize of less than \$250,000 my name, hometown, and prize amount become public information as required by law. I further understand that if my prize is \$250,000 or more and I have marked the appropriate box on this form giving the Lottery written permission to release this information, I give up the right to remain anonymous from this point forward.

### sign here ▶

Claimant's Signature \_\_\_\_\_

Date \_\_\_\_\_

initial here ▶  By initialing this box I grant the Nebraska Lottery permission to use my photograph for public information purposes.

## Review This Checklist Before Mailing Your Claim Form. (For Assistance Call 800-587-5200)

- ✓ Print your name and address on back of ticket(s).
- ✓ Sign your name on back of ticket(s).
- ✓ Complete all items on this form.
- ✓ Sign and date this form.
- ✓ Disclosure of social security number is required for prizes above \$500 and is used for withholding of federal and state income tax.
- ✓ Mail this form and ticket(s) (certified mail recommended) to: **Prize Claims, Nebraska Lottery, P.O. Box 95145, Lincoln, NE 68509-5145**

### FOR NEBRASKA LOTTERY USE ONLY

Retailer Number	Prize
<input type="text"/>	<input type="text"/>

Claim Center Location:	Processed By:
<input type="text"/>	<input type="text"/>

Game
<input type="text"/>

Warrant Number:	Date
<input type="text"/>	<input type="text"/>

Notes
<input type="text"/>

Misc. Approval	By	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Scratch Ticket

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Reason For Misc. Approval:**  
 Damaged Ticket     Validated By Another Retailer (No. \_\_\_\_\_)  
 Other \_\_\_\_\_

Scratch VIRN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**ATTACH TICKET AND WARRANT STUB TO BACK**

**SUPPLEMENTAL INFORMATION FOR LOTTERY USE**  
**(THIS INFORMATION TO BE PUBLICIZED ONLY BY PERMISSION OF THE CLAIMANT)**

How did you find out you had won? \_\_\_\_\_

\_\_\_\_\_

What was your reaction? \_\_\_\_\_

\_\_\_\_\_

What are your plans for the prize? \_\_\_\_\_

\_\_\_\_\_

Do you always buy your tickets at the same store? \_\_\_\_\_

Did you keep the ticket in a special place? \_\_\_\_\_

\_\_\_\_\_

Have you ever won before? \_\_\_\_\_

\_\_\_\_\_

Do you know anyone benefitting from grants funded by the Lottery? \_\_\_\_\_

\_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Other notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_