

[STAPLE TICKET
HERE]



Prize Claim Form

A	On the back of your ticket, complete the information requested and sign your name. If you do not sign the back of the ticket and it is lost or stolen, anyone can claim your prize. NOTE: Any lotto prize of \$100 or less can be claimed at any lotto retailer; any instant prize of \$100 or less can be claimed at any Lottery retailer. A claim form is not required for prizes of \$100 or less.			
B	Complete items 1-16 below. This form may be used for claiming either an instant scratch or lotto prize.			
C	<p>THIS IS A FILL-IN-ABLE FORM. Complete the form by typing your information in the boxes below. Print it, sign it, staple your ticket to the top left corner of form, and mail to:</p> <p align="center">South Dakota Lottery, PO Box 7107, Pierre, SD 57501-7107</p> <p align="center">Or hand deliver your ticket and the completed claim form to any of the following Lottery Offices:</p> <table border="0"> <tr> <td align="center"> <p>In Pierre Office Open 8 a.m. to 5 p.m., CT 711 E. Wells Avenue 605-773-5770</p> </td> <td align="center"> <p>In Rapid City Office Open Noon to 4 p.m., MT 107B New York St. 605-394-5106</p> </td> <td align="center"> <p>In Sioux Falls Office Open 8 a.m. to 5 p.m., CT 3824 S. Western Ave. 605-367-5840</p> </td> </tr> </table>	<p>In Pierre Office Open 8 a.m. to 5 p.m., CT 711 E. Wells Avenue 605-773-5770</p>	<p>In Rapid City Office Open Noon to 4 p.m., MT 107B New York St. 605-394-5106</p>	<p>In Sioux Falls Office Open 8 a.m. to 5 p.m., CT 3824 S. Western Ave. 605-367-5840</p>
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1	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	<input type="text"/>							
	LAST NAME	FIRST NAME	M.I.		SEX							
3	<input type="text"/>		4	<input type="text"/>	5	<input type="text"/>						
	MAILING ADDRESS (STREET OR BOX #)			CITY		STATE						
6	<input type="text"/>	<input type="text"/>	7	<input type="text"/>	<input type="text"/>	<input type="text"/>						
	ZIP CODE			SOCIAL SECURITY NUMBER*		8	<input type="text"/>	<input type="text"/>	<input type="text"/>			
							DATE OF BIRTH					
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	10	<input type="text"/>	11	<input type="checkbox"/>	U.S. Citizen	<input type="checkbox"/>	Resident Alien	<input type="checkbox"/>	Non-Resident
	DAYTIME TELEPHONE				PRIZE AMOUNT CLAIMED		(CHECK ONLY ONE)					

12 INSTANT TICKET INFORMATION
Complete this area if you are claiming a scratch ticket prize.

Number on back of the ticket below the bar code

13 LOTTO TICKET INFORMATION
Complete this area if you are claiming a lotto prize.

Validation Number (Lower Right Side of Ticket)

PLEASE READ AND RESPOND TO 14, 15 AND 16, THEN SIGN AND DATE BELOW.

- 14** Do you own or work for a business that sells South Dakota Lottery tickets? Yes No If yes, identify the business name and location.
Name of business: _____ City: _____
- 15** SD Lottery Commission rules authorize the Lottery to publish the name, city, state of residence, and prize amounts of instant scratch and lotto game winners as a matter of public record. (48:01:04:16.01 and 48:03:03:05)
- May the Lottery use this same information for promotional purposes, such as newspaper, radio and television advertisements? Yes No
- May the Lottery also use your photo or video image for promotional purposes, such as newspaper and television advertisements? Yes No
- 16** I declare, under penalty of perjury, that all information provided is true and correct to the best of my knowledge and that I am not a person prohibited by law from purchasing a lottery ticket or claiming or accepting a prize from the Lottery. I understand that any person who, with intent to defraud, falsely makes, alters, forges, passes, or counterfeits a ticket is guilty of a felony pursuant to SDCL 42-7A-30.

Claimant/Winner's Signature _____ Date _____

FOR LOTTERY USE ONLY			
Received by _____	Date _____	<input type="checkbox"/> Photo Taken?	Photo description _____
Mail <input type="checkbox"/>	Hand Delivered <input type="checkbox"/>	Claim # _____	Check # _____

* Your social security number may be used to report the amount of your prize to the Internal Revenue Service as required by federal law, and to determine whether a debt is owed to or collected through a state agency pursuant to SDCL 42-7A-51 et seq.

When you have finished entering your information, print out the completed form and sign and date it. Please keep a copy for your records. Follow the instructions on the top of the form for mailing it in or presenting it in person to a Lottery validation center.