



**PRIZE CLAIM - SHARED PRIZES**  
 NORTH DAKOTA OFFICE OF ATTORNEY GENERAL  
 LOTTERY DIVISION  
 SFN 60094 (06-2018)

**INSTRUCTIONS**

1. Complete and sign the back of the ticket(s).
2. Complete this form. Sign and date on the Claimant's Signature line.
3. Present the signed ticket and signed claim form within 180 days of the draw date to the North Dakota Lottery's office:

Monday - Friday 8 a.m. - 5 p.m. (excluding state holidays)  
 1050 E Interstate Ave., Suite 200, Bismarck ND

OR mail to:

North Dakota Lottery  
 PO Box 204  
 Bismarck ND 58502-0204

If the prize is being claimed by more than one person, please call (701) 328-1574 or go to [www.lottery.nd.gov](http://www.lottery.nd.gov) for instructions.

**PLEASE PRINT**

Claimant Name				
Mailing Address (Include Apt. Number)				
City			State	ZIP Code
Social Security Number (REQUIRED if prize is \$600 or more)		Daytime Telephone Number		Date of Birth
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, provide a copy of proof of lawful admission to the U.S.)		Are You an Employee or Owner of a Lottery Retailer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May the Lottery Disclose Your Name, the City and State Where You Reside, and the Prize Won to the Press and/or Public? <input type="checkbox"/> Yes <input type="checkbox"/> No				

I agree to comply with and abide by the lottery law and rules, and to accept the decision of the North Dakota Lottery regarding the validity of the ticket, and any prize payment determinations relating to the ticket, and to release the state, North Dakota Lottery, Multi-State Lottery Association, the Association's product groups, and their officers, employees, agents, representatives, and contractors from any liability regarding the ticket or payment of a prize, and are not responsible or liable for paying a prize related to a ticket that is expired, damaged, destroyed, issued in error, illegible, or mutilated.

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code sections 53-12.1-08, 53-12.1-12, and 57-38-59.2 and North Dakota Administrative Code section 10-16-03-08. The individual's social security number is used for income tax withholding and reporting, debt setoff, and verification of immigration status. Failure to provide information will delay payment of a prize.

I authorize the North Dakota Lottery to release my personal information, including my name, date of birth, social security number, and proof of lawful admission into the U.S. to the U.S. Department of Homeland Security. I authorize the U.S. Department of Homeland Security to release any and all information concerning my immigration status to the North Dakota Lottery.

Signature	Date
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State of	County of
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Signed and sworn to (or affirmed) before me this	Date
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Name(s) of Individual(s) Making Statement	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date	