



Holy Cross Hospital School of Nursing Alumnae 1907-1979

ANCESTRY PROJECT

Name	Maiden name
Other/Married Name(s)	
Date of birth	Place of birth
Current address	
Phone	Email
Place where you grew up	
HXH graduation year	Age at graduation
Please list any awards received at graduation	
Additional degrees/certificates	
Family who are also HXH alumnae (name & graduation year)	

If graduate is deceased please include date, place and cause of death . A copy of obituary and/or funeral card/ eulogy is appreciated.



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Nursing career highlights

Life highlights (marriage/family, hobbies, interesting things you have done)

